FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)		Type or print in	Date Stamp	CA	LIFORNIA 2001/02 FORM	
		Statement covers period from 07/01/2016	Date of election if applicable: (Month, Day, Year)		Pag	of _245
SEE INSTRUCTIONS ON REVERSE		through 09/24/2016	_11/08/2016			
1. Type of Recipient Co	mmittee: All Comn	nittees - Complete Parts 1,2,3, and 4.	2. Type of Stateme	nt:		
<ul> <li>□ Officeholder, Candidate</li> <li>○ State Candidate Elector</li> <li>○ Recall</li> <li>(Also Complete Part 5.)</li> <li>□ General Purpose Comm</li> <li>○ Sponsored</li> <li>○ Small Contributor Co</li> <li>○ Political Party/Central</li> </ul>	ittee	■ Ballot Measure Committee     ○ Primary Formed     ○ Controlled     ● Sponsored     (Also Complete Part 6.)     □ Primary Formed Candidate/     Officeholder Committee     (Also Complete Part 7.)	Pre-election State  Semi-annual State  Termination Stater  Amendment (Expla	ment ment	Specia	erly Statement al Odd-Year Report emental Preelection nent - Attach Form 495
3. Committee Informati	on	I.D.NUMBER 1376791	Treasurer(s)			
COMMITTEE NAME (OR CANDIDA YES ON PROP 61, CALIFORNIA AIDS HEALTHCARE FOUNDA	ANS FOR LOWER DRUG PE	RICES, WITH MAJOR FUNDING BY	NAME OF TREASURER LYLE HONIG			
STREET ADDRESS (NO P.O. BOX)			MAILING ADDRESS			
CITY LOS ANGELES	STATE ZIP C CA 91364	ODE AREA CODE/PHONE (415)732-7700	CITY LOS ANGELES	STATE CA	ZIP CODE 91364	AREA CODE/PHON (415) 732-7700
MAILING ADDRESS (IF DIFFEREN	r) NO. AND STREET OR P.O.	вох	NAME OF ASSISTANT TREASU BRADLEY W. HERTZ	RER, IF ANY		
CITY LOS ANGELES	STATE ZIP C CA 91364	ODE AREA CODE/PHONE	MAILING ADDRESS			
OPTIONAL: FAX/E-MAIL ADDRESS CAMPAIGN@CAMPAIGNLAW			CITY LOS ANGELES	STATE CA	ZIP CODE 91364	AREA CODE/PHON (415) 732-7700
4. Verification			OPTIONAL: FAX/E-MAIL ADDRE	55		
I have used all reasonable of is true and complete. I certiful	y under penalty of perju	d reviewing this statement and to the ry under the laws of the State of Cali			ein and in the	attached schedules
Executed on 09/28/2016 DATE	By BRADLEY W.	SIGNATURE OF TREASURER OF	R ASSISTANT TREASURER			
Executed on	By SIGNATURE OF	CONTROLLING OFFICEHOLDER, CANDIDATE, STA	TE MEASURE PROPONENT OR RESPONSIBL	E OFFICER OF SPONSOR		
Executed on	By	SIGNATURE OF CONTROLLING OFFICEHOLDE	R. CANDIDATE. STATE MEASURE PROPONEN	NT		

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on\_

DATE

#### Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA	160
FORM	400

Officeholder or Candidate Controlled	Committee	6. Ballot Measure Co	mmittee			
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE STATE PRESCRIPTION DRU	G PURCHASES.	PRICING STANI	DARDS. INITIA	ATIVE STATUTE.
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
		61	STATEWIDE			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	ITY STATE ZIP	Identify the controlling offi	ceholder, candi	date, or state n	neasure prop	onent, if any.
		NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you or are contributions or to make expenditures on behalf of your candid	primarily formed to receive	OFFICE SOUGHT OR HELD		I	DISTRICT NO. II	F ANY
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed which this committee is primare		List names o	f officeholder(s	or candidate(s) Ffor
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT
CITY STATE ZIP C	CODE AREA CODE/PHONE					OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT
						OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT
	☐ YES ☐ NO					OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)						
CITY STATE ZIP C	CODE AREA CODE/PHONE	Attac	ch continuation	sheets if neces	ssary	

# Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA** 

, 3	to whole donars.	from07/0	01/2016	FORM	400
SEE INSTRUCTIONS ON REVERSE		through 09/2	24/2016	Page 3	of 245
NAME OF FILER YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITASSOCIATION PAC	ГН MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION A	AND CALIFORN	IA NURSES	I.D. NUMBER 1376791	
Contributions Received	TOTAL THIS PERIOD CAI	COLUMN B LENDAR YEAR TAL TO DATE	Calendar Year S Running in Bot		

Contributions Received	Column A  TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$5,058,313.98	\$10,065,226.42	General Elections
2. Loans Received Schedule B, Line 7	\$0.00	\$0.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$5,058,313.98	\$10,065,226.42	20. Contribution  Received \$.00 \$.00
4. Nonmonetary Contributions Schedule C, Line 3	\$4,299.89	\$32,940.82	24 Europeditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$5,062,613.87	\$10,098,167.24	21. Expenditures Made \$.00 \$.00
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$6,829,865.89	\$7,707,978.03	Candidates
7. Loans Made Schedule H, Line 7	\$0.00	\$0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$6,829,865.89	\$7,707,978.03	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	(\$38,088.91)	\$81,235.49	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	\$4,299.89	\$32,940.82	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$6,796,076.87	\$7,822,154.34	
Current Cash Statement			<b>1</b>
12. Beginning Cash Balance Previous Summary Page, Line 16	\$7,136,769.46	To calculate Column B, add amounts in Column A to the	
13. Cash Receipts Column A, Line 3 above	\$5,058,313.98	corresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	from Column B of your last report. Some amounts in	
15. Cash Payments Column A, Line 8 above	\$6,829,865.89	Column A may be negative	
16. <b>ENDING CASH BALANCE</b> Add Lines 12 + 13 + 14, then subtract Line 15	\$5,365,217.55	figures that should be subtracted from previous	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.
18. Cash Equivalents See instructions on reverse	\$0.00	-	different from amounts reported in Column B.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$81,235.49	-	EDDC Form 400 / htm s/04/
		1	FPPC Form 460 (June/01 FPPC Toll-Free Helpline: 866/ASK-FPPC

#### Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded

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Monetary Contributions Received		whole dollars.	Statement cov	ers period	CALIFORNIA 46		
	1		from07/01/2016		FORM		
SEE INSTRUCTIONS ON REVERSE			through09/24/201	6	Page 4	of 245	
NAME OF FILER					I.D. Number		
YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR PAC	FUNDING BY AIDS I	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	1376791		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/2016	RITA COLLINS ELMIRA, NY 14904 Memo Reference: INC1090	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$115.00	
7/1/2016	MARILYN EISENBERG GAINESVILLE, FL 32653 Memo Reference: INC1092	IND COM OTH PTY	NONE NOT EMPLOYED	\$15.00	\$200.00	
7/1/2016	MARCI KIMBALL SAN JOSE, CA 95136 Memo Reference: INC1091	IND COM OTH PTY	HATIKVAH HOUSE VOLUNTEER	\$3.00	\$9.00	
7/1/2016	MAFORI MOORE SNELLVILLE, GA 30039 Memo Reference: INC1093	IND COM OTH PTY	NONE NOT EMPLOYED	\$10.00	\$10.00	
7/1/2016	SUSANNE PARADIS LA SELVA BEACH, CA 95076 Memo Reference: INC1095	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$40.00	

#### **SUBTOTAL**

#### **Schedule A Summary**

Amount received this period - contributions of \$100 or more.  (Include all Schedule A subtotals.)	\$5,058,031.98
2. Amount received this period - unitemized contributions of less than \$100	\$282.00
3. Total monetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	\$5,058,313.98

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded

	(CONT.)

Monetary (	Contributions Received		nts may be rounded whole dollars.	Statement cov	CALIFORNIA 460			
•				from07/01/2010	6	F	ORM	400
SEE INSTRUCTION	IS ON REVERSE			through	6	Page .	5	of_245
NAME OF FILER						I.D. N	umber	
YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	137679	91	
			IE AN INDIVIDUAL ENTED	AMOUNT	CLIMI II ATIVE TO	DATE	חבם	FLECTION

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/1/2016	DANIEL SWAN FRANKLIN, OH 45005 Memo Reference: INC1094	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
7/2/2016	CAROLYN BOLESTA COLEMAN, FL 33521 Memo Reference: INC1098	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$30.00	
7/2/2016	ALICE JETER-TYES BUFFALO, NY 14214 Memo Reference: INC1099	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$20.00	
7/2/2016	JUDY MCCLUNG SAN ANSELMO, CA 94960 Memo Reference: INC1096	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$40.00	
7/3/2016	MARY HALE MIAMI, AZ 85539 Memo Reference: INC1102	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$100.00	
			CUDTOTAL			

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Amounts may be rounded

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Monetary Contributions Received		s may be rounded whole dollars.	Statement cov	CALIFORNIA 46			
			from07/01/201	6	F	ORM	700
SEE INSTRUCTIONS ON REVERSE			through	6	Page .	6	_ of_245
NAME OF FILER YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOI PAC	R FUNDING BY AIDS F	IEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION		umber 91	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/3/2016	DOREEN HORTON PLYMOUTH, MA 2360 Memo Reference: INC1104	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$1.00	\$4.00	
7/3/2016	MARTA JOHNSON MOKELUMNE HILL, CA 95245 Memo Reference: INC1106	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$60.00	
7/3/2016	HARRIET LEE COLORADO SPRINGS, CO 80904 Memo Reference: INC1108	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$40.00	
7/3/2016	ALEXANDER LIPPERT MARTINEZ, CA 94553 Memo Reference: INC1107	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$20.00	
7/3/2016	HOWARD MOORE JR BERKELEY, CA 94707 Memo Reference: INC1103	IND COM OTH PTY SCC	•	\$25.00	\$100.00	

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Monetary Contributions Received		to	whole dollars.	from 07/01	2016	CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE			through 09/24	2016	Page _7	7 of 245	
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS I	HEALTHCARE FOUNDATION AND	CALIFORNIA NU	RSES ASSOCIATION	I.D. Nur 1376791		
DATE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR Y		PER ELECTION TO DATE	

NONE   SANTA CRUZ, CA 95062   Memo Reference: INC1101   Memo Reference: INC1105   Memo Reference: INC1106   Memo Reference: INC1100   Memo Reference: INC1110   Memo Reference: INC1109   Memo Reference: INC1109   Memo Reference: INC1109   Mone Referen	DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
NEWARK, CA 94560   Memo Reference: INC1105   COM OTH PTY   SCC	7/3/2016	SANTA CRUZ, CA 95062	COM OTH PTY		\$15.00	\$45.00	
SAN RAFAEL, CA 94903	7/3/2016	NEWARK, CA 94560	COM OTH PTY		\$5.00	\$15.00	
ESCONDIDO, CA 92029 Memo Reference: INC1110  COM OTH PTY SCC  7/4/2016  LOURDES PAOLI NEW YORK, NY 10032 Memo Reference: INC1109  NOT EMPLOYED  NOT EMPLOYED  NOT EMPLOYED  NOT EMPLOYED  NOT EMPLOYED  S60.00  \$60.00	7/3/2016	SAN RAFAEL, CA 94903	COM OTH PTY		\$15.00	\$60.00	
NEW YORK, NY 10032 Memo Reference: INC1109  COM OTH  NOT EMPLOYED	7/4/2016	ESCONDIDO, CA 92029	COM OTH PTY		\$15.00	\$60.00	
	7/4/2016	NEW YORK, NY 10032	COM OTH PTY		\$15.00	\$60.00	

SUBTOTAL
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Monetary Contributions Received			o whole dollars.	Statement cov from07/01/201	•	CALIFORNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE			through09/24/201	6	Page _	8 of 245	
NAME OF FILER	1, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOI	R FUNDING BY AIDS	HEALTHCARE FOUNDATION ANI	O CALIFORNIA NURSE	ES ASSOCIATION	I.D. Nu 137679		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
7/6/2016	GREGORY BROWN SAN FRANCISCO, CA 94124 Memo Reference: INC1111	IND COM OTH PTY SCC	UNITED AIRLINES CUSTOMER SERVICE REPRESENTATIVE (IAM DIST 141)	\$25.00	\$185.00			
7/6/2016	CALIFORNIA NURSES ASSOCIATION PAC (CNA-PAC) OAKLAND, CA 94612 Committee ID: 780657	☐ IND ☐ COM ☐ OTH ☐ PTY ■ SCC		\$50,000.00	\$50,459.89			
7/6/2016	MARILYN EISENBERG GAINESVILLE, FL 32653 Memo Reference: INC1112	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$200.00			
7/9/2016	IRA ALEXANDER INGLEWOOD, CA 90305 Memo Reference: INC1116	IND COM OTH PTY SCC	CEDARS-SINAI MEDICAL CENTER FINANCE MANAGER	\$25.00	\$40.00			
7/9/2016	DONNA BROWN STOCKTON, CA 95219 Memo Reference: INC1114	IND COM OTH PTY	NONE NOT EMPLOYED	\$50.00	\$50.00			

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Monetary (	Contributions Received		nts may be rounded whole dollars.	Statement cov	CALIF	460		
-				from07/01/201	6	FC	DRM	400
SEE INSTRUCTION	NS ON REVERSE			through	6	Page _9	9	of 245
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR F	UNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. Nur 1376791		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/9/2016	KATHERINE HURLEY CLIFTON, VA 20124 Memo Reference: INC1115	IND COM OTH PTY SCC	NONE RETIRED	\$15.00	\$15.00	
7/9/2016	ANITA ROSS NEW YORK, NY 10021 Memo Reference: INC1117	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
7/9/2016	FAYE WASHINGTON CALUMET CITY, IL 60409 Memo Reference: INC1113	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$3.00	
7/11/2016	CATHERINE MINER ORLANDO, FL 32826 Memo Reference: INC1128	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$3.00	
7/11/2016	MICHAEL SHAMBLIN AUSTIN, TX 78759 Memo Reference: INC1129	IND COM OTH PTY SCC	SHAMBLINSOUND.COM OWNER	\$15.00	\$30.00	
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Monetary Contributions Received		to whole dollars.			Statement covers period from 07/01/2016		FORNIA 460
SEE INSTRUCTION	IS ON REVERSE			through09/24/2010	6	Page_	10 of 245
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR F	UNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. Nu 137679	
DATE	FULL NAME, MAILING ADDRESS	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT RECEIVED THIS	CUMULATIVE TO		PER ELECTION

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/12/2016	TONI MAIRA SKY VALLEY, CA 92241 Memo Reference: INC1130	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
7/12/2016	JANEY MITCHELL WILLITS, CA 95490 Memo Reference: INC1131	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$10.00	
7/13/2016	RONALD EVANS SAN DIEGO, CA 92101 Memo Reference: INC1132	IND COM OTH PTY SCC	FEI -ZYFER VICE PRESIDENT	\$15.00	\$15.00	
7/13/2016	ROCHELLE NODA CORNING, CA 96021 Memo Reference: INC1133	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
7/14/2016	PEDRO AGUILERA LOS ANGELES, CA 90068 Memo Reference: INC1135	IND COM OTH PTY SCC	AIDS HEALTHCARE FOUNDATION TESTER	\$25.00	\$125.00	

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Statement covers period

wonetary Contributions Received	to whole dollars.	from	07/01/2016	FORM	<sup>14</sup> 46U
SEE INSTRUCTIONS ON REVERSE		through	09/24/2016	Page 11	<b>of</b> _245
NAME OF FILER YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AII PAC	OS HEALTHCARE FOUNDATION AND	CALIFORN	NIA NURSES ASSOCIATION	I.D. Number 1376791	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/14/2016	OWEN MECHAM ANTIOCH, CA 94531 Memo Reference: INC1136	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$3.00	
7/14/2016	CINDY MILLS PADUCAH, KY 42001 Memo Reference: INC1134	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$10.00	
7/14/2016	JOY NUELL WEST HOLLYWOOD, CA 90069 Memo Reference: INC1137	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
7/15/2016	MARILYN EISENBERG GAINESVILLE, FL 32653 Memo Reference: INC1138	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$200.00	
7/16/2016	FRAN CHERNOWSKY NORTHRIDGE, CA 91325 Memo Reference: INC1150	IND COM OTH PTY SCC	•	\$15.00	\$15.00	

SUBTOTAL

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded

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Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA FORM	160
-		from07/01/2016	FORM	<b>700</b>
SEE INSTRUCTIONS ON REVERSE		through	Page 12 of	f 245
NAME OF FILER			I.D. Number	
YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR PAC	FUNDING BY AIDS HEALTHCARE FOUNDATION AND	CALIFORNIA NURSES ASSOCIATION	1376791	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/16/2016	CATHERINE DWYER DAMASCUS, MD 20872 Memo Reference: INC1141	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$75.00	
7/16/2016	MARILYN EISENBERG GAINESVILLE, FL 32653 Memo Reference: INC1149	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$200.00	
7/16/2016	ANNE HEMINGWAY FEUER MIAMI, FL 33157 Memo Reference: INC1151	IND COM OTH PTY SCC	AIDS HEALTHCARE FOUNDATION NURSE	\$5.00	\$70.00	
7/16/2016	NANCY JACOBSEN SAN FRANCISCO, CA 94122 Memo Reference: INC1145	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$3.00	
7/16/2016	LARRY JELLISON OCEANSIDE, CA 92057 Memo Reference: INC1153	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$25.00	
			SUBTOTAL			

SUBTOTAL
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OTH - Other

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SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded

Monetary Contributions Received			nts may be rounded b whole dollars.	Statement cov	•	CALIFORNIA 460		
SEE INSTRUCTION	NS ON REVERSE			through	6	Page		
NAME OF FILER YES ON PROP 61 PAC	, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. N 13767	lumber 191	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
7/16/2016	JANET MACKENZIE SAN LORENZO, CA 94580 Memo Reference: INC 1143	IND COM	HAYWARD UNIFIED SCHOOL DISTRICT EDUCATOR	\$10.00	\$20.00			

ANET MACKENZIE   SAN LORENZO, CA 94580   Memo Reference: INC1143   Memo Reference: INC1143   Memo Reference: INC1143   Memo Reference: INC1147   Memo Reference: INC1147   Memo Reference: INC1147   Memo Reference: INC1144   Memo Reference: INC1154   Memo Reference: INC1154   Memo Reference: INC1154   Memo Reference: INC1154   Memo Reference: INC1164   M	DATE RECEIVED	AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
WATSONVILLE, CA 95076   Memo Reference: INC1147   PTY	7/16/2016	SAN LORENZO, CA 94580	COM OTH PTY	DISTRICT	\$10.00	\$20.00	
VACAVILLE, CA 95688   COM OTH PTY   OTH PTY   SCC	7/16/2016	WATSONVILLE, CA 95076	COM OTH PTY		\$3.00	\$8.00	
ALAMEDA, CA 94501 Memo Reference: INC1154  COM OTH PTY SCC  7/16/2016  LENNY POTASH LOS ANGELES, CA 90039 Memo Reference: INC1146  NOT EMPLOYED  NOT EMPLOYED  \$25.00  \$25.00	7/16/2016	VACAVILLE, CA 95688	COM OTH PTY		\$15.00	\$15.00	
LOS ANGELES, CA 90039 Memo Reference: INC1146  COM OTH PTY  NOT EMPLOYED	7/16/2016	ALAMEDA, CA 94501	COM OTH PTY		\$10.00	\$15.00	
	7/16/2016	LOS ANGELES, CA 90039	COM OTH PTY		\$25.00	\$25.00	

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IND - Individual

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OTH - Other

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SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

ionetary (	Contributions Received	to	whole dollars.	from	07/01/2016	•	CALI F	FORNI <i>A</i> ORM	46	0
EE INSTRUCTION	IS ON REVERSE			through	09/24/2016	5	Page.	14	of_245	_
IAME OF FILER ES ON PROP 61, AC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUN	IDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFOR	NIA NURSE	S ASSOCIATION	I.D. No 137679			
				'						

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/16/2016	DANIEL SANCHEZ LOS ANGELES, CA 90039 Memo Reference: INC1142	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$20.00	
7/16/2016	JOAN SCHUMAKER DALTON, NY 14836 Memo Reference: INC1152	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
7/16/2016	ELIZABETH SMALL WASHINGTON, DC 20016 Memo Reference: INC1140	IND COM OTH PTY SCC	•	\$15.00	\$75.00	
7/16/2016	MEGHAN STANLEY MOUNTAIN VIEW, CA 94041 Memo Reference: INC1148	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
7/16/2016	MARLYS WATERS FAIRWAY, KS 66205 Memo Reference: INC1139	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$100.00	
			CURTOTAL	<del></del>		

**SUBTOTAL** 

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IND - Individual

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OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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Amounts may be rounded

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Monetary Contributions Received			ts may be rounded whole dollars.	Statement cove	CALIFORNIA 460			
•				from07/01/2016	6	F	ORM	
SEE INSTRUCTION	IS ON REVERSE			through09/24/2016	6	Page	of24	15
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION		umber 91	
	ELILL NAME MAILING ADDRESS		IF AN INDIVIDUAL ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECT	TION

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/17/2016	VALERIE BAIN LAKEWOOD, CA 90713 Memo Reference: INC1155	IND COM OTH PTY SCC	ENVIRONMENTAL NATURE CENTER TEACHER	\$1.00	\$5.00	
7/17/2016	KAREN COLMERY SUGARLOAF, CA 92386 Memo Reference: INC1156	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$25.00	
7/18/2016	SUSAN ARONOW WEGMANN WEST HOLLYWOOD, CA 90069 Memo Reference: INC1221	IND COM OTH PTY SCC	•	\$5.00	\$25.00	
7/18/2016	DIANE CHAPMAN MEETEETSE, WY 82433 Memo Reference: INC1223	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$20.00	\$100.00	
7/18/2016	MARGARET DENISON CORVALLIS, OR 97330 Memo Reference: INC1226	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$25.00	

**SUBTOTAL** 

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IND - Individual

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OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

### Schedule A (Continuation Sheet)

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Monetary Contributions Received			whole dollars.	Statement coverage from 07/01/2010		CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE			through	6	Page <u>1</u>	of 245	
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJO	R FUNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. Nur 1376791		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR YE	EAR	PER ELECTION TO DATE	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/18/2016	BRADLEY FLOYD SAN BRUNO, CA 94066 Memo Reference: INC1224	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$150.00	
7/18/2016	ANDY FYNE SAN RAFAEL, CA 94901 Memo Reference: INC1225	IND COM OTH PTY SCC	MARIN AIDS PROJECT SOCIAL WORKER	\$25.00	\$25.00	
7/18/2016	GREGORY LINCOLN LAGUNA BEACH, CA 92651 Memo Reference: INC1222	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$50.00	\$250.00	
7/19/2016	REBECCA AGUIRRE LOS ANGELES, CA 90043 Memo Reference: INC1239	IND COM OTH PTY SCC	NONE RETIRED	\$5.00	\$5.00	
7/19/2016	EMILY A BENITES MODESTO, CA 95351 Memo Reference: INC1238	IND COM OTH PTY SCC	NONE RETIRED	\$5.00	\$5.00	
			CURTOTAL			

SUBTOTAL	
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SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded

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Monetary C	Contributions Received	to whole dollars.			Statement covers period			CALIFORNIA 46		
•				from	07/01/201	6	F	ORM	400	
SEE INSTRUCTIONS	S ON REVERSE			through	09/24/201	6	Page .	17	of_245	
NAME OF FILER I.								umber 91		

ND   COM   Memo Reference: INC1232   IND   OTH   PTY   SCC	DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
MOORESVILLE, NC 28117   COM OTH PTY   SCC   S25.00   S25.00	7/19/2016	LAKE ELSINORE, CA 92530	COM OTH PTY		\$4.00	\$4.00	
LA HABRA, CA 90631 Memo Reference: INC1229  T/19/2016  MICHAEL GORDY TUCSON, AZ 85712 Memo Reference: INC1231  Memo Reference: INC1231  TOOM OTH PTY COM OTH PTY SCC  S5.00  \$5.00  \$5.00	7/19/2016	MOORESVILLE, NC 28117	COM OTH PTY		\$5.00	\$5.00	
TUCSON, AZ 85712 Memo Reference: INC1231  COM OTH PTY SCC  RETIRED	7/19/2016	LA HABRA, CA 90631	COM OTH PTY	•	\$25.00	\$25.00	
THOUSE CO. DACKEY FEDOM	7/19/2016	TUCSON, AZ 85712	COM OTH PTY		\$5.00	\$5.00	
RACHEL JERDIN BAKERSFIELD, CA 93306 Memo Reference: INC1234  IND COM OTH PTY SCC  \$3.00 \$3.00	7/19/2016		OTH DTY	NONE NOT EMPLOYED	\$3.00	\$3.00	

**SUBTOTAL** 

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IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

#### Schedule A (Continuation Sheet)

ROGER PRESBURGER

ALTADENA, CA 91001

ALIREZA SEYLANI

HEMET, CA 92545

Memo Reference: INC1236

Memo Reference: INC1228

LOS ANGELES, CA 91436

Memo Reference: INC1237

ELIZABETH J SAWYER-CUNNINGHAM

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Monetary Contributions Received			nts may be rounded whole dollars.	Statement covers period		CALIFORNIA 46		
SEE INSTRUCTION	NS ON REVERSE			through09/24/2016	5	Page .		
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. No 137679		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
7/19/2016	ELDA LUISI NEW YORK, NY 10280 Memo Reference: INC1233	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00			
7/19/2016	ANGEL MORENO WATSONVILLE, CA 95076 Memo Reference: INC1240	IND COM	NONE NOT EMPLOYED	\$5.00	\$8.00			

NONE

NONE

**NBTY** 

NOT EMPLOYED

FIRST ASSISTANT MANAGER

RETIRED

OTH PTY SCC

IND

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OTH PTY SCC

IND

COM

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COM

OTH □ PTY ☐ SCC

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\$100.00

\$8.00

\$5.00

\$100.00

\$5.00

\$1.00

\*Contributor Codes

IND - Individual

7/19/2016

7/19/2016

7/19/2016

COM - Recipient Committee (other than PTY or SCC)

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SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded

Monetary (	Contributions Received	nts may be rounded whole dollars.	Statement cov	CALIFORNIA 46		A 160	
•			from07/01/201	6	F	ORM	400
SEE INSTRUCTION	NS ON REVERSE		through	6	Page	19	_ <b>of</b> _245
NAME OF FILER					I.D. N	umber	
YES ON PROP 61, PAC	137679	91					
	5111 MARE MANUNIC APPRECA	IE AN INDIVIDUAL ENTER	AMOUNT	CUMULATIVE TO	DATE	DED	ELECTION

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/19/2016	CHRISTINA STALLARD WEST HILLS, CA 91304 Memo Reference: INC1227	IND COM OTH PTY SCC	PARANMOUNT PICTURES SET LIGHTING TECHNICIAN	\$15.00	\$75.00	
7/19/2016	MYRON WOLLIN LONG BEACH, CA 90808 Memo Reference: INC1235	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
7/20/2016	MARY AGEE KNOXVILLE, TN 37918 Memo Reference: INC1241	IND COM OTH PTY SCC	KNOX COUNTY SCHOOLS TEACHER	\$5.00	\$5.00	
7/20/2016	STAN ANDERSON MORRO BAY, CA 93442 Memo Reference: INC1243	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$15.00	
7/20/2016	AHMAD BEHTASH SACRAMENTO, CA 95831 Memo Reference: INC1244	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$125.00	

**SUBTOTAL** 

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Monetary (	Contributions Received		nts may be rounded whole dollars.	Statement cov	CALIFORNIA 46			
				from07/01/201	6	F	ORM	400
SEE INSTRUCTION	NS ON REVERSE			through	6	Page.	20	_ of 245
NAME OF FILER						I.D. Nu	umber	
YES ON PROP 61, PAC	, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	JNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	137679	91	
			IE AN INDIVIDUAL ENTED	AMOUNT	CUMULATIVE TO	DATE	חבם	S EL FOTION

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2016	NANCY GREEP LOS ANGELES, CA 90049 Memo Reference: INC1242	IND COM OTH PTY SCC	NONE RETIRED DOCTOR	\$15.00	\$15.00	
7/20/2016	RICARDO NAVARRO ALTADENA, CA 91001 Memo Reference: INC1245	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$25.00	
7/22/2016	NANCY BLASTOS REDLANDS, CA 92373 Memo Reference: INC1251	IND COM OTH PTY SCC	NONE REGISTERED NURSE	\$3.00	\$16.50	
7/22/2016	MARION DUIGNAN LOS ANGELES, CA 90032 Memo Reference: INC1249	IND COM OTH PTY SCC	•	\$5.00	\$5.00	
7/22/2016	SUZANNE HAMRICK CHAPEL HILL, NC 27517 Memo Reference: INC1248	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$25.00	
			CUDTOTAL			

**SUBTOTAL** 

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SCHEDULE /	

Monetary (	Contributions Received	to whole dollars.			Statement covers period			CALIFORNIA 460		
,				from	07/01/2016	5	F	ORM	400	
SEE INSTRUCTION	IS ON REVERSE			through	09/24/2016	5	Page	21	of_245	
NAME OF FILER				•			I.D. N	umber		
YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFOR	NIA NURSE	S ASSOCIATION	13767	91		
			IE AN INDIVIDUAL ENTED	AMC	LINIT		DATE	חבחו	EL EGTION.	

ANAHI	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  KNIGHT HEIM, CA 92801 D Reference: INC1257	CONTRIBUTOR CODE *  IND COM OTH PTY	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)  NONE NOT EMPLOYED	AMOUNT RECEIVED THIS PERIOD \$5.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) \$5.00	PER ELECTION TO DATE (IF REQUIRED)
ANAHI	HEIM, CA 92801	☐ COM☐ OTH		\$5.00	\$5.00	
LOS AN	ON MEISEL ANGELES, CA 90064 PReference: INC1254	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$50.00	\$50.00	
REDWO	MONROE WOOD VALLEY, CA 95470 Reference: INC1252	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
SAN DI	RAPHAEL DIEGO, CA 92126 DReference: INC1253	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
AUSTI	IAEL SHAMBLIN TIN, TX 78759 Reference: INC1250	IND COM OTH PTY SCC	SHAMBLINSOUND.COM OWNER	\$15.00	\$30.00	

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SCC - Small Contributor Committee

BRADLEY FLOYD

SAN BRUNO, CA 94066

CAMILLE KNIGHTON

Memo Reference: INC1263

LAYTON, UT 84041

Memo Reference: INC1261

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Amounts may be rounded

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Monetary Contributions Received			to whole dollars.		ers period	CALIFORNIA 460	
SEE INSTRUCTION	IS ON REVERSE			through09/24/201	6	Page	<b>of</b> 245
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR	FUNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. N 13767	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER CCCUPATION AND EMPLOYER ELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
7/23/2016	DAVID BEAUDRY OAKLAND, CA 94605 Memo Reference: INC1258	IND COM OTH PTY SCC	•	\$10.00	\$30.00		
7/23/2016	KIT BLUMENSTEIN LEWISVILLE, TX 75067 Memo Reference: INC1259	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$50.00	\$350.00		
7/23/2016	JOY COGAN SAN JUAN CAPISTRANO, CA 92675 Memo Reference: INC1260	IND COM OTH PTY	NONE NOT EMPLOYED	\$3.00	\$6.00		

NONE

NONE

NOT EMPLOYED

NOT EMPLOYED

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**IND** 

OTH PTY SCC

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\$150.00

\$75.00

\$15.00

\$15.00

\*Contributor Codes

IND - Individual

7/24/2016

7/24/2016

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

SHIRLEY ARCHAMBAULT SIERRA MADRE, CA 91024

Memo Reference: INC1268

MISSION VIEJO, CA 92691

Memo Reference: INC1289

BARTON BEAN

GEORGE BEELER

PETALUMA, CA 94952

Memo Reference: INC1281

Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received			whole dollars.	Statement cove	•	CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE			through 09/24/2016	5	Page	23 of 245	
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUI	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. No 137679	umber 91	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER CCUPATION AND EMPLOYER ELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
7/24/2016	WILLIAM KUENTZEL SALT LAKE CITY, UT 84106 Memo Reference: INC1262	IND COM OTH PTY SCC	•	\$5.00	\$15.00			
7/24/2016	JOYCE SCHOINGART MESA, AZ 85202 Memo Reference: INC1265	■ IND	NONE NOT EMPLOYED	\$5.00	\$15.00			

NONE

NOT EMPLOYED

RESEARCHER

AIM ASSOCIATES

ARCHITECT

HOAG MEMORIAL HOSPITAL

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SUBTOTAL	-	

\$10.00

\$5.00

\$55.00

\$10.00

\$5.00

\$5.00

\*Contributor Codes

IND - Individual

7/25/2016

7/25/2016

7/25/2016

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement cov	ers period	CALIFORNIA 46		
•		from07/01/201	6	FC	ORM	TUU
SEE INSTRUCTIONS ON REVERSE		through	6	Page _	24 of_	245
NAME OF FILER YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU PAC	UNDING BY AIDS HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE		I.D. Nu 137679		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2016	MARTIN BERNSTEIN LONG BEACH, CA 90815 Memo Reference: INC1295	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$11.00	\$11.00	
7/25/2016	NANCY BLASTOS REDLANDS, CA 92373 Memo Reference: INC1299	IND COM OTH PTY SCC	NONE REGISTERED NURSE	\$1.50	\$16.50	
7/25/2016	NICO CALAVITA BERKELEY, CA 94707 Memo Reference: INC1279	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$30.00	\$30.00	
7/25/2016	DANIEL CHANDLER TRINIDAD, CA 95570 Memo Reference: INC1270	IND COM OTH PTY SCC	•	\$25.00	\$25.00	
7/25/2016	PATRICIA CORTEZ SACRAMENTO, CA 95835 Memo Reference: INC1272	IND COM OTH PTY SCC	NONE RETIRED	\$10.00	\$10.00	

**SUBTOTAL** 

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	(CONT.)

Monetary (	Contributions Received	to whole dollars.			Statement covers period			CALIFORNIA 460		
•				from	07/01/2016	5	F	ORM	400	ĺ
SEE INSTRUCTION	IS ON REVERSE			through	<u>09/24/2010</u>	5	Page	25	of_245	
NAME OF FILER				•			I.D. N	umber		
YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	JNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFOR	NIA NURSE	S ASSOCIATION	13767	91		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2016	JAN DEBONT BEVERLY HILLS, CA 90212 Memo Reference: INC1282	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$10.00	
7/25/2016	SHARRON ELLIS ORLAND, CA 95963 Memo Reference: INC1278	IND COM OTH PTY SCC	V	\$15.00	\$15.00	
7/25/2016	GLORIA ELLWOOD LOS ANGELES, CA 90046 Memo Reference: INC1284	IND COM OTH PTY SCC	NONE RETIRED	\$5.00	\$5.00	
7/25/2016	DIANE EWING VENICE, CA 90291 Memo Reference: INC1273	IND COM OTH PTY SCC	LOS ANGELES UNIFIED SCHOOL DISTRICT TEACHER	\$5.00	\$5.00	
7/25/2016	SEAN FEDER DAVIS, CA 95616 Memo Reference: INC1275	IND COM OTH PTY SCC	CCOF AG SERVICE MANAGEMENT	\$10.00	\$30.00	

**SUBTOTAL** 

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Monetary Contributions Received		to whole dollars.		Statement covers period			CALIFORNIA 460		
,				from	07/01/2016	<u> </u>	FC	DRM	400
SEE INSTRUCTION	IS ON REVERSE			through_	)9/24/2016	j	Page <u>2</u>	<u>26</u> o	of 245
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR I	FUNDING BY AIDS I	HEALTHCARE FOUNDATION AND	CALIFORNIA	A NURSES	S ASSOCIATION	I.D. Nu 137679		
	FULL NAME MAILING ADDRESS		IF AN INDIVIDUAL, ENTER	AMOUN	NT.	CUMULATIVE TO	DATE	PER EI	LECTION

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2016	ANDREA FRANKEL NEVADA CITY, CA 95959 Memo Reference: INC1296	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$20.00	
7/25/2016	ANITA FRANKEL LOS ANGELES, CA 90026 Memo Reference: INC1269	IND COM OTH PTY SCC	V	\$10.00	\$10.00	
7/25/2016	ROBERT GLANTZ BERKELEY, CA 94702 Memo Reference: INC1283	IND COM OTH PTY SCC	ACCESS COMMUNICATIONS RESEARCHER	\$5.00	\$5.00	
7/25/2016	DAVID GUBMAN LOS ANGELES, CA 90066 Memo Reference: INC1280	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
7/25/2016	NORMAN HOFFMAN SANTA BARBARA, CA 93103 Memo Reference: INC1267	IND COM OTH PTY SCC	UNITED FLIGHT ATTENDANT	\$15.00	\$40.00	

**SUBTOTAL** 

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Monetary (	Contributions Received	to whole dollars.			Statement covers period			CALIFORNIA 460		
•				from	07/01/201	6	F	ORM	400	
SEE INSTRUCTION	NS ON REVERSE			through	09/24/2010	6	Page	27	of 245	
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	JNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFOR	NIA NURSE	S ASSOCIATION	I.D. N 13767	umber 91		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2016	HEATHER HOWARD SANTA MONICA, CA 90404 Memo Reference: INC1286	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$2.50	\$2.50	
7/25/2016	ED KINCHLEY SAN FRANCISCO, CA 94110 Memo Reference: INC1291	IND COM OTH PTY SCC	SEIU 1021 UNION FIELD REPRESENTATIVE	\$25.00	\$25.00	
7/25/2016	DAVID MCCANN SANTA CLARITA, CA 91350 Memo Reference: INC1292	IND COM OTH PTY SCC	CENTER FOR CONSCIOUS RELATIONSHIPS	\$10.00	\$10.00	
7/25/2016	MARY ANNE MCGARRY LOS ANGELES, CA 90004 Memo Reference: INC1293	IND COM OTH PTY SCC	•	\$2.00	\$2.00	
7/25/2016	LINDA MILES SAN DIEGO, CA 92130 Memo Reference: INC1288	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
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SUBTOTAL

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	(CONT.)

Monetary Contributions Received	to whole dollars.	Statement cov	ers period	CALIFORNIA 46		
•		from07/01/201	6	F	ORM	400
SEE INSTRUCTIONS ON REVERSE		through	6	Page _	<u>28</u> ••	f_245
NAME OF FILER YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU PAC	UNDING BY AIDS HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. Nu 137679		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2016	ANTHONY MILLER THOUSAND OAKS, CA 91362 Memo Reference: INC1294	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$2.50	\$5.00	
7/25/2016	ALLEN MORRIS PALM SPRINGS, CA 92262 Memo Reference: INC1277	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$25.00	
7/25/2016	HELEN MURPHY SAN MARCOS, CA 92078 Memo Reference: INC1274	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
7/25/2016	JAGAT SATIA LOS GATOS, CA 95032 Memo Reference: INC1271	IND COM OTH PTY SCC	•	\$10.00	\$10.00	
7/25/2016	EDWIN SCHMIDTKE VALLEY VILLAGE, CA 91607 Memo Reference: INC1297	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	

**SUBTOTAL** 

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Amounts may be rounded

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Monetary Contributions Received	to whole dollars.	Statement cov	Statement covers period			460	ISO	
•		from07/01/201	6	F	ORM	TU	j	
SEE INSTRUCTIONS ON REVERSE		through09/24/201	6	Page _	29	of 245	_	
NAME OF FILER YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR F PAC	UNDING BY AIDS HEALTHCARE FOUNDATION AN	D CALIFORNIA NURSI	ES ASSOCIATION	I.D. Nu 137679				
					•	•		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/25/2016	BRUCE SENATOR LOS ALAMITOS, CA 90720 Memo Reference: INC1276	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
7/25/2016	CLAUDIA SKELTON OAKLAND, CA 94606 Memo Reference: INC1287	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
7/25/2016	JAMES SKELTON ALAMO, CA 94507 Memo Reference: INC1285	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$10.00	
7/25/2016	PATRICK TAYLOR UKIAH, CA 95482 Memo Reference: INC1290	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$10.00	
7/25/2016	GIGI WILLIAMS TUJUNGA, CA 91042 Memo Reference: INC1300	IND COM OTH PTY SCC	V	\$10.00	\$30.00	
			CUDTOTAL			

SUBTOTAL

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Amounts may be rounded

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Monetary Contributions Received		to	whole dollars.		7/01/2016	ers period	CALIF FO	ORNIA RM	<u>460</u>
SEE INSTRUCTION	NS ON REVERSE			through_09	9/24/2016	i	Page 30	0 of	245
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS I	HEALTHCARE FOUNDATION AND	CALIFORNIA	NURSES	S ASSOCIATION	I.D. Num 1376791	nber	
DATE	FULL NAME, MAILING ADDRESS	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUN'		CUMULATIVE TO		PER ELE	ECTION

 GIGI WILLIAMS		OF BUSINESS)		(JAN. 1 - DEC. 31)	(IF REQUIRED)
TUJUNGA, CA 91042 Memo Reference: INC1298	IND COM OTH PTY SCC	•	\$10.00	\$30.00	
MARIE BLACKBURN ALAMEDA, CA 94501 Memo Reference: INC1301	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
NANCY BLASTOS REDLANDS, CA 92373 Memo Reference: INC1316	IND COM OTH PTY SCC	NONE REGISTERED NURSE	\$3.00	\$16.50	
 STEPHANIE BUCHLER SAN LUIS OBISPO, CA 93401 Memo Reference: INC1302	IND COM OTH PTY SCC	COUNTY OF SAN LUIS OBISPO PSYCHOTHERAPIST	\$15.00	\$15.00	
BETH CHAPPELLE EL PASO, TX 79936 Memo Reference: INC1306	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$100.00	\$400.00	

**SUBTOTAL** 

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Amounts may be rounded

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Monetary (	Contributions Received		nts may be rounded whole dollars.	Statem	ent cov	ers period	CAL	IFORNI	<sup>4</sup> 460
				from0	7/01/201	6		ORM	700
SEE INSTRUCTION	NS ON REVERSE			through_0	9/24/201	6	Page	31	_ <b>of</b> _245
NAME OF FILER YES ON PROP 61, PAC	, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR	FUNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA	NURSE	S ASSOCIATION	I.D. N 13767	umber 91	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
7/26/2016	JOY COGAN SAN JUAN CAPISTRANO, CA 92675 Memo Reference: INC1318	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$6.00		
7/26/2016	JEROME COMPTON GOLETA, CA 93117 Memo Reference: INC1303	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$20.00	\$20.00		
7/26/2016	MIRELLA DEL DEGAN ONTARIO, CA 91762 Memo Reference: INC1317	IND COM OTH PTY SCC	POMONA VALLEY HOSPITAL REGISTERED NURSE	\$15.00	\$15.00		
7/26/2016	TILMAN DODD CAYUCOS, CA 93430 Memo Reference: INC1314	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$20.00	\$20.00		
7/26/2016	MAXANE GOLDSTEIN HACIENDA HEIGHTS, CA 91745 Memo Reference: INC1313	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$3.00		
	SUBTOTAL						

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SCHEDULE A (CONT.)

Monetary Contributions Received		to	whole dollars.	from 07/01/201	•	CALI F	FORNIA 4	60
SEE INSTRUCTION	IS ON REVERSE			through09/24/201	16	Page _	32 of 245	5
						I.D. Nu 137679		
DATE	FULL NAME, MAILING ADDRESS	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECTI	ION

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/26/2016	ALEXANDRA GRAZIANO THOUSAND OAKS, CA 91360 Memo Reference: INC1311	IND COM OTH PTY SCC	NONE RETIRED	\$3.00	\$6.00	
7/26/2016	JOGEON HA COSTA MESA, CA 92626 Memo Reference: INC1308	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$50.00	\$200.00	
7/26/2016	MARION LEE OAKLAND, CA 94619 Memo Reference: INC1310	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$30.00	\$30.00	
7/26/2016	VIRGINIA OAKRY SAN DIEGO, CA 92126 Memo Reference: INC1312	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
7/26/2016	ADRIAN RODRIGUEZ CORONA, CA 92882 Memo Reference: INC1304	IND COM OTH PTY SCC	SONY SANTA MONICA CHARACTER TECHNICAL ARTIST	\$25.00	\$25.00	
			CURTOTAL	<del></del>		

**SUBTOTAL** 

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SCHEDULE /	

Monetary (	Contributions Received		nts may be rounded b whole dollars.	Statement cover from 07/01/2010	CALIFORNIA 460			
SEE INSTRUCTION	NS ON REVERSE			through09/24/2010	6	Page	33	of 245
NAME OF FILER YES ON PROP 61, PAC	, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR	R FUNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. No 137679		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/26/2016	PETER SMAFIELD PORT HURON TWP., MI 48060 Memo Reference: INC1315	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$3.00	
7/26/2016	GREGG STEINRIEDE ANTIOCH, CA 94531 Memo Reference: INC1309	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
7/26/2016	LYNDA SUCIU BURTON, MI 48509 Memo Reference: INC1305	IND COM OTH PTY SCC	BIOMED BEHAVIORAL HEALTH AND SUBSTANCE ABUSE CLINIC FLINT MICHIGAN NURSING SUPERVISOR & PSYCHIATRIC CLINICAL	\$15.00	\$60.00	
7/27/2016	STERLING CALE SACRAMENTO, CA 95828 Memo Reference: INC1324	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$3.00	
7/27/2016	ANNE HEMINGWAY FEUER MIAMI, FL 33157 Memo Reference: INC1323	IND COM OTH PTY SCC	AIDS HEALTHCARE FOUNDATION NURSE	\$10.00	\$70.00	
			CURTOTAL	<del></del>		

SUBTOTAL

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Monetary (	Contributions Received		whole dollars.	Statement cov	CALIFORNIA 460			
				from07/01/2010	6	F	ORM	700
SEE INSTRUCTION	NS ON REVERSE			through	6	Page .	34	of_245
NAME OF FILER YES ON PROP 61, PAC	, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR	R FUNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. No 137679		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/27/2016	MARTHA MOORE CAZENOVIA, NY 13035 Memo Reference: INC1321	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$45.00	
7/27/2016	VINNIE NIX FORT WAYNE, IN 46807 Memo Reference: INC1322	IND COM OTH PTY SCC	NE IN RWIB WORKFORCE DEVELOPMENT	\$5.00	\$20.00	
7/27/2016	HEIDI SANBORN SACRAMENTO, CA 95821 Memo Reference: INC1319	IND COM OTH PTY SCC	CALIFORNIA PRODUCT STEWARDSHIP COUNCIL DIRECTOR	\$25.00	\$25.00	
7/28/2016	CAMISHA GUMBS NEWARK, NJ 7104 Memo Reference: INC1325	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$12.00	
7/28/2016	ELIZABETH J HARAN CLARKSTON, MI 48348 Memo Reference: INC1326	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$60.00	
			CUDTOTAL			

**SUBTOTAL** 

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Monetary (	Contributions Received	to	whole dollars.	State	emem cove	ers periou	CALI	FORNIA 1	AARI	A
,				from	07/01/2016	5	F	ORM	460	_
SEE INSTRUCTION	NS ON REVERSE			through	09/24/2016	5	Page .	35	of_245	_
NAME OF FILER							I.D. No	umber		
YES ON PROP 61, PAC	, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUI	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORN	NIA NURSE	S ASSOCIATION	137679	91		
	FULL MANE MANUAL APPRECA		IE AN INDIVIDUAL ENTER	AMO	LINT	CLIMILI ATIVE TO	DATE	DED	ELECTION	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/28/2016	LISA SUMMERFIELD SHERMAN OAKS, CA 91403 Memo Reference: INC1327	IND COM OTH PTY SCC	PLG ESTATES REALTOR	\$15.00	\$60.00	
7/28/2016	JULIE SUMMER-SINGH CANOGA PARK, CA 91304 Memo Reference: INC1329	IND COM OTH PTY SCC	LOS ANGELES UNIFIED SCHOOL DISTRICT TEACHER	\$1.50	\$1.50	
7/28/2016	MARK WHISLER SAN FRANCISCO, CA 94109 Memo Reference: INC1328	IND COM OTH PTY SCC	•	\$48.49	\$179.04	
7/29/2016	VALERIE BAIN LAKEWOOD, CA 90713 Memo Reference: INC1330	IND COM OTH PTY SCC	ENVIRONMENTAL NATURE CENTER TEACHER	\$1.00	\$5.00	
7/29/2016	ELIZABETH HAYES BRONX, NY 10475 Memo Reference: INC1331	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$30.00	

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded

	(CONT.)

Monetary (	Contributions Received	to whole dollars.			Statement covers period			CALIFORNIA 460	
,				from	07/01/2016	5	F	ORM	400
SEE INSTRUCTION	IS ON REVERSE			through	09/24/2016	5	Page	36	of_245
NAME OF FILER							I.D. N	umber	
YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFOR	NIA NURSE	S ASSOCIATION	137679	91	
			IE AN INDIVIDUAL ENTED	A N 4 C	N INIT		DATE	DED	EL EOTION

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/29/2016	SHARON STENGEL CINCINNATI, OH 45242 Memo Reference: INC1332	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$175.00	
7/29/2016	MICHAEL STERN SAN JOSE, CA 95123 Memo Reference: INC1333	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
7/30/2016	KIT BLUMENSTEIN LEWISVILLE, TX 75067 Memo Reference: INC1336	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$350.00	
7/30/2016	MARCI ERBY DETROIT, MI 48207 Memo Reference: INC1334	IND COM OTH PTY SCC	WINANS ACADEMY OF PERFORMING ARTS TEACHER	\$10.00	\$40.00	
7/30/2016	LAUREL MINGEL ENFIELD, CT 6082 Memo Reference: INC1337	IND COM OTH PTY SCC	ONE MACDONOUGH CHEF	\$3.00	\$12.00	
			CURTOTAL			

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\*Contributor Codes

IND - Individual

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OTH - Other

PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded

SCHEDULE A (CONT.)

Monetary (	Contributions Received		nts may be rounded whole dollars.	Statement covers period			CALIFORNIA 46		
•				from	07/01/201	6	F	ORM	400
SEE INSTRUCTION	NS ON REVERSE			through	n09/24/201	6	Page	37	of_245
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	INDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFOR	NIA NURSE	S ASSOCIATION	I.D. N 13767	umber 91	
							, and the second		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2016	SIMOHN SPEARITT LAREDO, TX 78056 Memo Reference: INC1338	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$45.00	
7/31/2016	ANNA ALLEN FLORISSANT, MO 63033 Memo Reference: INC1340	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$20.00	
7/31/2016	CAROL BREWER GRAND JUNCTION, CO 81506 Memo Reference: INC1342	IND COM OTH PTY SCC	NONE RETIRED NURSE	\$15.00	\$60.00	
7/31/2016	MARILYN EISENBERG GAINESVILLE, FL 32653 Memo Reference: INC1348	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$200.00	
7/31/2016	JONATHAN GOLDSTEIN ATASCADERO, CA 93422 Memo Reference: INC1345	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$65.00	
			SUBTOTAL	1		

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PTY - Political Party

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Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

lonetary (	Contributions Received		to whole dollars.			ers period	CALIFORNIA 460			
				from	07/01/2016	<u> </u>	F	ORM	400	
SEE INSTRUCTION	IS ON REVERSE			through_	09/24/2016	j	Page_	38	of_245	
NAME OF FILER				•			I.D. Nu	ımber		
YES ON PROP 61, AC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUL	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORN	A NURSE	S ASSOCIATION	137679	1		
			IF AN INDIVIDUAL ENTED	AMOL	NT	CUMULATIVE TO	DATE	חבחו	EL FOTION	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2016	STEPHANIE LABAW SANTA CRUZ, CA 95060 Memo Reference: INC1344	IND COM OTH PTY SCC	LUTHER BURBANK ELEMENTARY TEACHER	\$3.00	\$12.00	
7/31/2016	JOHN LANDERS HOLLYWOOD, FL 33021 Memo Reference: INC1343	IND COM OTH PTY	NONE RETIRED	\$15.00	\$60.00	
7/31/2016	GRANT PETERSON HAYWARD, CA 94541 Memo Reference: INC1349	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
7/31/2016	JOHN POLCE POMONA, CA 91766 Memo Reference: INC1350	IND COM OTH PTY	LOS ANGELES COUNTY	\$15.00	\$15.00	
7/31/2016	MICHAEL PUGH FAIROAKS RANCH, TX 78015 Memo Reference: INC1341	IND COM OTH PTY SCC	ELEGANT LIMOUSINE CDL DRIVER	\$10.00	\$40.00	
			CURTOTAL			

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OTH - Other

PTY - Political Party

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Amounts may be rounded

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Monetary (	Contributions Received	to	whole dollars.	Statement Covers period		CALIFORNIA		
				from07/01	2016	F	ORM	
SEE INSTRUCTION	NS ON REVERSE			through	2016	Page	39 of	245
NAME OF FILER						I.D. N	umber	
YES ON PROP 61, PAC	, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NU	RSES ASSOCIATION	137679	91	
	FILL MARE MANUAL APPRESS		IE AN INDIVIDUAL ENTER	AMOUNT	CLIMI II ATIVE TO	DATE	DED EI I	ECTION

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2016	NANCY PYLE SAN JOSE, CA 95120 Memo Reference: INC1346	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
7/31/2016	SANDRA TOWNSEND WILMINGTON, DE 19806 Memo Reference: INC1339	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$12.00	
8/1/2016	RITA COLLINS ELMIRA, NY 14904 Memo Reference: INC1370	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$115.00	
8/1/2016	A. LYNN DEASIS WEED, CA 96094 Memo Reference: INC1372	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
8/1/2016	NORMAN HOFFMAN SANTA BARBARA, CA 93103 Memo Reference: INC1369	IND COM OTH PTY SCC	UNITED FLIGHT ATTENDANT	\$10.00	\$40.00	
			CURTOTAL			

SUBTOTAL
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Amounts may be rounded

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Monetary (	Contributions Received	to	whole dollars.	from 07/01/2016	•	california 46(		
SEE INSTRUCTION	NS ON REVERSE			through09/24/2016	5	Page _4	0 of 245	
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	INDING BY AIDS I	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. Nun 1376791		
DATE	FULL NAME, MAILING ADDRESS	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT RECEIVED THIS	CALENDAR VE		PER ELECTION	

MARCI KIMBALL   SAN JOSE, CA 95136   Memo Reference: INC1371   IND   OTH   PTY   SCC	DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
SYLMAR, CA 91342 Memo Reference: INC1373    OTH   PTY   SCC	8/1/2016	SAN JOSE, CA 95136	COM OTH PTY		\$3.00	\$9.00	
PASADENA, CA 91104 Memo Reference: INC1368    OTH	8/1/2016	SYLMAR, CA 91342	COM OTH PTY	SERVICES	\$15.00	\$15.00	
LEWISTON, ID 83501 Memo Reference: INC1377  COM OTH PTY  NOT EMPLOYED	8/1/2016	PASADENA, CA 91104	COM OTH PTY		\$15.00	\$15.00	
	8/2/2016	LEWISTON, ID 83501	COM OTH PTY		\$5.00	\$5.00	
8/2/2016 MARILYN BROWN GROVER BEACH, CA 93433 Memo Reference: INC1383  IND OTH PTY SCC  \$15.00  \$15.00	8/2/2016	GROVER BEACH, CA 93433	COM OTH PTY		\$15.00	\$15.00	

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Amounts may be rounded

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Monetary Contributions Received	to whole dollars.	Statement cov	ers period	CALIFORNIA 460		
•		from07/01/201	6	FORM	<b>-</b>	
SEE INSTRUCTIONS ON REVERSE		through09/24/201	6	Page <u>41</u>	of_245	
NAME OF FILER YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU PAC	UNDING BY AIDS HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. Number 1376791		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/2/2016	CORALIE A. CARRAWAY AUBURN, CA 95602 Memo Reference: INC1380	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
8/2/2016	JAMES DINSMORE SANTA CRUZ, CA 95062 Memo Reference: INC1379	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$4.20	\$8.40	
8/2/2016	J A ELLIS BERKELEY, CA 94703 Memo Reference: INC1382	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$3.00	
8/2/2016	MAGGI EVANS DAVIS, CA 95616 Memo Reference: INC1376	IND COM OTH PTY SCC	•	\$5.00	\$5.00	
8/2/2016	MATTHEW FILLER SEAL BEACH, CA 90740 Memo Reference: INC1381	IND COM OTH PTY SCC	EXPEDIENT PROPERTY SERVICES INC OWNER	\$15.00	\$15.00	
			CURTOTAL			

**SUBTOTAL** 

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Amounts may be rounded

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Monetary Contributions Received		to	whole dollars.	from 07/01/2016			california 460		
SEE INSTRUCTION	NS ON REVERSE			through_0	9/24/2016	j	Page 42	2 of_	245
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS I	HEALTHCARE FOUNDATION AND	CALIFORNIA	NURSES	S ASSOCIATION	I.D. Num 1376791	nber	
DATE	FULL NAME, MAILING ADDRESS	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUN		CUMULATIVE TO		PER ELE	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/2/2016	ALICE JETER-TYES BUFFALO, NY 14214 Memo Reference: INC1375	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$20.00	
8/2/2016	JUDY MCCLUNG SAN ANSELMO, CA 94960 Memo Reference: INC1374	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$40.00	
8/2/2016	MARGARET TRAWICK CONCORD, CA 94520 Memo Reference: INC1378	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$78.00	
8/3/2016	MARY HALE MIAMI, AZ 85539 Memo Reference: INC1387	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$100.00	
8/3/2016	HENRY HAYE HUNTINGTON BEACH, CA 92648 Memo Reference: INC1395	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	

SUBTOTAL
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OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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Amounts may be rounded

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Monetary Contributions Received	to whole dollars.	Statement cov	ers period	CALIFORNIA 460		
-		from07/01/201	6	FORM	700	
SEE INSTRUCTIONS ON REVERSE		through	6	Page <u>43</u>	<b>of</b> _245	
NAME OF FILER YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR PAC	FUNDING BY AIDS HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. Number 1376791		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/3/2016	DOREEN HORTON PLYMOUTH, MA 2360 Memo Reference: INC1389	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$1.00	\$4.00	
8/3/2016	MARTA JOHNSON MOKELUMNE HILL, CA 95245 Memo Reference: INC1388	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$60.00	
8/3/2016	MARILYN KRAMER TULSA, OK 74105 Memo Reference: INC1396	IND COM OTH PTY	NONE RETIRED NURSE	\$15.00	\$15.00	
8/3/2016	HARRIET LEE COLORADO SPRINGS, CO 80904 Memo Reference: INC1392	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$40.00	
8/3/2016	ALEXANDER LIPPERT MARTINEZ, CA 94553 Memo Reference: INC1391	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$20.00	
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SUBTOTAL
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OTH - Other

PTY - Political Party

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Amounts may be rounded

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Monetary	Contributions Received	tc	whole dollars.	from 07/01/201	•		orm 460
SEE INSTRUCTIO	ONS ON REVERSE			through09/24/201	6	Page	of_ 245
NAME OF FILER YES ON PROP 61 PAC	I, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR	R FUNDING BY AIDS	HEALTHCARE FOUNDATION ANI	O CALIFORNIA NURSE	ES ASSOCIATION	I.D. N 13767	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER CCCUPATION AND EMPLOYER ELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
8/3/2016	HOWARD MOORE JR BERKELEY, CA 94707 Memo Reference: INC1386	IND COM OTH PTY SCC	·	\$25.00	\$100.00		
8/3/2016	ERIC NIELSEN GRASS VALLEY, CA 95945 Memo Reference: INC1393	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$50.00	\$50.00		
8/3/2016	ROY PATERSON SANTA CRUZ, CA 95062 Memo Reference: INC1385	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$45.00		
8/3/2016	LYNN PENNY NOVATO, CA 94949 Memo Reference: INC1394	IND COM OTH PTY	PRESBYTERIAN CHURCH (U.S.A.) ORDAINED MINISTER	\$5.00	\$5.00		

NONE

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\$5.00

\$15.00

\*Contributor Codes

IND - Individual

8/3/2016

COM - Recipient Committee (other than PTY or SCC)

JERZY SZPETKOWSKI NEWARK, CA 94560 Memo Reference: INC1390

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

MARY ASGARI

ESCONDIDO, CA 92029

JULIANNA DICKEY

LARRY JELLISON

OCEANSIDE, CA 92057

Memo Reference: INC1409

BERKELEY, CA 94703

Memo Reference: INC1408

Memo Reference: INC1398

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Amounts may be rounded

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Monetary Contributions Received			whole dollars.	Statement cove		CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE			through09/24/2016	j	Page	_45	
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUI	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. N 13767	umber 91	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
8/3/2016	ANNETTE VAN DRIEL SAN RAFAEL, CA 94903 Memo Reference: INC1384	IND COM OTH PTY SCC	DIGNITYHEALTH REGISTERED NURSE	\$15.00	\$60.00			
8/4/2016	JONATHON AIELLO LOS ANGELES, CA 90035 Memo Reference: INC1401	IND COM OTH	ILO FILMS MOTION GRAPHIC ARTIST	\$3.00	\$3.00			

NONE

NONE

NOT EMPLOYED

NOT EMPLOYED

ELDERCARE SERVICES

GERIATRIC CARE MANAGER

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\$60.00

\$5.00

\$25.00

\$15.00

\$5.00

\$15.00

\*Contributor Codes

IND - Individual

8/4/2016

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COM - Recipient Committee (other than PTY or SCC)

OTH - Other

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Monetary Contributions Received	to whole dollars.	ď	Statement cove	ers period	CALI	FORNI	A 16	1
•			from07/01/2016	5	F	ORM	T	Ľ
SEE INSTRUCTIONS ON REVERSE			through 09/24/2016	5	Page _	46	of_245	_
Monetary Contributions Received to whole dollars.    Statement covers period from 07/01/2016		I.D. Nu 137679						

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/4/2016	TED KRAM ROCKVILLE, MD 20853 Memo Reference: INC1407	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$25.00	
8/4/2016	LEONA LEVEN NEW HAVEN, CT 6511 Memo Reference: INC1410	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
8/4/2016	MATTEY LEVIN LA QUINTA, CA 92253 Memo Reference: INC1400	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$3.00	
8/4/2016	EDMUND C. LEVIN M.D. RICHMOND, CA 94804 Memo Reference: INC1399	IND COM OTH PTY SCC	•	\$50.00	\$65.00	
8/4/2016	KEN LOEHLEIN GREEN BAY, WI 54302 Memo Reference: INC1404	IND COM OTH PTY SCC	FIRST STUDENT SCHOOL BUS DRIVER	\$10.00	\$10.00	
			CURTOTAL			

**SUBTOTAL** 

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Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

Monetary (	Contributions Received		ts may be rounded whole dollars.	Statement cove	ers period	CALIFORNIA 46	
,				from07/01/2016	6	FO	RM 400
SEE INSTRUCTION	IS ON REVERSE			through09/24/2016	6	Page <u>4</u>	7 of 245
NAME OF FILER						I.D. Num	nber
YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	INDING BY AIDS I	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	1376791	
D.1.T.F	FULL NAME. MAILING ADDRESS	0011701011700	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECTION

Suit	DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
LA SELVA BEACH, CA 95076   COM   Memo Reference: INC1402   PTY   COM   OTH   PTY   COM   SCC	8/4/2016	NEW YORK, NY 10032	COM OTH PTY		\$15.00	\$60.00	
LAKEHEAD, CA 96051   COM OTH PTY   SCC	8/4/2016	LA SELVA BEACH, CA 95076	COM OTH PTY		\$25.00	\$40.00	
SUN LAKES, AZ 85248 Memo Reference: INC1406  SUN LAKES, AZ 85248 Memo Reference: INC1406  RETIRED  RETIRED  SCC  8/4/2016  MARSHA STEINBERG LOS ANGELES, CA 90019 Memo Reference: INC1405  NONE NOT EMPLOYED  \$10.00  \$10.00	8/4/2016	LAKEHEAD, CA 96051	COM OTH PTY		\$15.00	\$40.00	
LOS ANGELES, CA 90019 Memo Reference: INC1405  COM OTH PTY  NOT EMPLOYED	8/4/2016	SUN LAKES, AZ 85248	COM OTH PTY		\$15.00	\$15.00	
	8/4/2016	LOS ANGELES, CA 90019	COM OTH PTY		\$10.00	\$10.00	

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\*Contributor Codes

IND - Individual

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OTH - Other

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#### **Schedule A (Continuation Sheet)**

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Amounts may be rounded

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Monetary Contributions Received			whole dollars.	from 07/01/20	•	CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE			through09/24/20	016	Page _	48 of 245	
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURS	SES ASSOCIATION	I.D. Nu 137679		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	

	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/5/2016	MARSHA OTANI EWA BEACH, HI 96706 Memo Reference: INC1480	IND COM OTH PTY SCC	NONE NOT EMPLOYED	(\$15.00)	\$15.00	
8/5/2016	ROBERT POUND CONCORD, CA 94518 Memo Reference: INC1411	IND COM OTH PTY	NONE NOT EMPLOYED	\$15.00	\$15.00	
8/5/2016	KATHERINE WOOD BROOKLYN, NY 11218 Memo Reference: INC1479	IND COM OTH PTY SCC	NONE NOT EMPLOYED	(\$3.00)	\$3.00	
8/12/2016	STEVE GONZALES MOUNTAIN VIEW, CA 95125 Memo Reference: INC1484	IND COM OTH PTY	CONSULTING COMPANY MANAGER	\$15.00	\$65.00	
8/12/2016	ERIC KNIGHT LOS ANGELES, CA 90027 Memo Reference: INC1488	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	

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Amounts may be rounded

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Monetary (	Contributions Received	to whole dollars.			Statement covers period				CALIFORNIA 460		
				from	07/01/2016	<u></u>	F	ORM	400		
SEE INSTRUCTION	IS ON REVERSE			through_	09/24/2016	5	Page	<u>49</u>	of 245		
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNI	A NURSES	S ASSOCIATION	I.D. No 137679	umber 91			
	ELILL NAME MAILING ADDRESS		IF AN INDIVIDUAL ENTER	AMOUNT CUMULATIVE TO DATE			DATE	PER F	I FCTION		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/12/2016	CRISTINE RUIZ BALDWIN PARK, CA 91706 Memo Reference: INC1486	IND COM OTH PTY SCC	REIMAGINE YOUR HOME SALES PERSON	\$3.00	\$3.00	
8/12/2016	MACK SACCO GILROY, CA 95020 Memo Reference: INC1489	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$8.00	\$13.00	
8/12/2016	LIZ SHOPES DEL MAR, CA 92014 Memo Reference: INC1487	IND COM OTH PTY SCC	SCRIPPS HEALTHCARE REGISTERED NURSE	\$10.00	\$10.00	
8/13/2016	JAMES DINSMORE SANTA CRUZ, CA 95062 Memo Reference: INC1490	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$4.20	\$8.40	
8/13/2016	LOUISE DOOZAN BAKERSFIELD, CA 93309 Memo Reference: INC1492	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$15.00	

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Amounts may be rounded

SCHEDULE A (CONT.)

Monetary (	Contributions Received	to	whole dollars.	from	07/01/201e	•	CALI F	FORNI. ORM	<sup>4</sup> 46	U
SEE INSTRUCTION	IS ON REVERSE			through	09/24/2010	6	Page .	50	of 245	_
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUN	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORN	NIA NURSE	S ASSOCIATION	I.D. No 137679			

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER CCUPATION AND EMPLOYER ELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/13/2016	YASUHIKO INOUE NEW YORK, NY 10001 Memo Reference: INC1493	IND COM OTH PTY SCC	•	\$3.00	\$3.00	
8/13/2016	DONNA WOODINGTON MESA, AZ 85206 Memo Reference: INC1491	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$3.00	
8/14/2016	PEDRO AGUILERA LOS ANGELES, CA 90068 Memo Reference: INC1494	IND COM OTH PTY SCC	AIDS HEALTHCARE FOUNDATION TESTER	\$25.00	\$125.00	
8/15/2016	AMELIA DOLL ST LOUIS, MO 63117 Memo Reference: INC1503	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
8/15/2016	NORMAN HOFFMAN SANTA BARBARA, CA 93103 Memo Reference: INC1502	IND COM OTH PTY SCC	UNITED FLIGHT ATTENDANT	\$15.00	\$40.00	
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Monetary Contributions Received	to whole dollars.	Sta	tement covers period	CALIFORNIA	4 /60
-		from	07/01/2016	FORM	700
SEE INSTRUCTIONS ON REVERSE		through	09/24/2016	Page _51	of 245
NAME OF FILER				I.D. Number	
YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR PAC	FUNDING BY AIDS HEALTHCARE FOUNDATION AND	CALIFOR	NIA NURSES ASSOCIATION	1376791	
			, ·		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/15/2016	NAN MCGUIRE SAN FRANCISCO, CA 94133 Memo Reference: INC1499	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
8/15/2016	DEBORAH PERKINSKALAMA ALBANY, CA 94706 Memo Reference: INC1500	IND COM OTH PTY SCC	SUTTER HOSPITALS REGISTERED NURSE	\$15.00	\$15.00	
8/15/2016	SHALA SHARDIL MISSION VIEJO, CA 92691 Memo Reference: INC1501	IND COM OTH PTY SCC	WEST DERMATOLOGY REGISTERED NURSE	\$5.00	\$5.00	
8/15/2016	CASEY STRACHAN PALM SPRINGS, CA 92262 Memo Reference: INC1504	IND COM OTH PTY SCC	MARKETING HUB INC. FOUNDER	\$25.00	\$25.00	
8/16/2016	OMIE CORMIER FRESNO, CA 93725 Memo Reference: INC1510	IND COM OTH PTY SCC	FRESNO UNIFIED SCHOOL DISTRICT TEACHER	\$5.00	\$5.00	
<del></del>		<u> </u>	SUPTOTAL			

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Amounts may be rounded

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Monetary Contributions Received		to	whole dollars.	from 07/01/2016	•	CALIFORNIA 460		
SEE INSTRUCTION	NS ON REVERSE			through09/24/2016	5	Page <u>52</u>	of_245	
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS I	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. Numb 1376791	ber	
DATE	FULL NAME, MAILING ADDRESS	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT RECEIVED THIS	CUMULATIVE TO		PER ELECTION	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/16/2016	DIANE MOORE DAVIS, CA 95616 Memo Reference: INC1505	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$100.00	\$100.00	
8/16/2016	E ANN NEEL SEBASTOPOL, CA 95472 Memo Reference: INC1509	IND COM OTH PTY SCC	SANTA ROSA JUNIOR COLLEGE PROFESSOR	\$10.00	\$10.00	
8/16/2016	DANIEL SANCHEZ LOS ANGELES, CA 90039 Memo Reference: INC1508	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$20.00	
8/16/2016	ELIZABETH SMALL WASHINGTON, DC 20016 Memo Reference: INC1507	IND COM OTH PTY SCC	•	\$15.00	\$75.00	
8/16/2016	MARLYS WATERS FAIRWAY, KS 66205 Memo Reference: INC1506	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$100.00	

**SUBTOTAL** 

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Monetary Contributions Received	to whole dollars.	Sta	tement covers period	CALIFORNI	A 160
•		from	07/01/2016	FORM	700
SEE INSTRUCTIONS ON REVERSE		through	09/24/2016	Page _53	_ <b>of</b> _245
NAME OF FILER		`		I.D. Number	
YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDI PAC	ING BY AIDS HEALTHCARE FOUNDATION AND	CALIFOR	NIA NURSES ASSOCIATION	1376791	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/17/2016	KAREN COLMERY SUGARLOAF, CA 92386 Memo Reference: INC1512	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$25.00	
8/17/2016	KATHERINE NEMETH SAN FRANCISCO, CA 94114 Memo Reference: INC1513	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$3.00	
8/17/2016	KATHLEEN POWELL VALLEJO, CA 94590 Memo Reference: INC1511	IND COM OTH PTY SCC	NONE RETIRED	\$5.00	\$5.00	
8/18/2016	SUSAN ARONOW WEGMANN WEST HOLLYWOOD, CA 90069 Memo Reference: INC1514	IND COM OTH PTY SCC	•	\$5.00	\$25.00	
8/18/2016	DIANE CHAPMAN MEETEETSE, WY 82433 Memo Reference: INC1516	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$20.00	\$100.00	
			SUPTOTAL			

#### **SUBTOTAL**

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Monetary Contribut	tions Received		to whole dollars.			ers period	CALIFORNIA 46		
				from	07/01/201	5	F	ORM	700
SEE INSTRUCTIONS ON REVERSE				through	09/24/2010	5	Page	_54	of_245
NAME OF FILER YES ON PROP 61, CALIFORNIAN PAC	IS FOR LOWER DRUG PRICES, WITH MAJOR FUN	NDING BY AIDS I	HEALTHCARE FOUNDATION AND	) CALIFORN	IA NURSE	S ASSOCIATION	I.D. No 137679	umber 91	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)			
8/18/2016	BRADLEY FLOYD SAN BRUNO, CA 94066 Memo Reference: INC1517	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$150.00				
8/18/2016	GREGORY LINCOLN LAGUNA BEACH, CA 92651 Memo Reference: INC1515	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$50.00	\$250.00				
8/19/2016	MALINDA MARKOWITZ SAN JOSE, CA 95123 Memo Reference: INC1520	IND COM OTH PTY SCC	GOOD SAMARITAN HOSP REGISTERED NURSE	\$25.00	\$25.00				
8/19/2016	ALIREZA SEYLANI HEMET, CA 92545 Memo Reference: INC1519	IND COM OTH PTY SCC	NBTY FIRST ASSISTANT MANAGER	\$1.00	\$5.00				
8/19/2016	CHRISTINA STALLARD WEST HILLS, CA 91304 Memo Reference: INC1518	IND COM OTH PTY SCC	PARANMOUNT PICTURES SET LIGHTING TECHNICIAN	\$15.00	\$75.00				
	SUBTOTAL								

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Amounts may be rounded

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Monetary Contributions Received			o whole dollars.	Statement coverage from 07/01/2010	CALIFORNIA 460		460	
SEE INSTRUCTION	NS ON REVERSE			through	6	Page	55	of_245
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	JNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. N 13767		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
8/20/2016	STAN ANDERSON MORRO BAY, CA 93442 Memo Reference: INC1521	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$15.00		
8/20/2016	AHMAD BEHTASH SACRAMENTO, CA 95831 Memo Reference: INC1522	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$125.00		
8/20/2016	BARBARA HOOK SAN DIEGO, CA 92101 Memo Reference: INC1523	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$10.00		
8/21/2016	MARLI KING SAN JOSE, CA 95124 Memo Reference: INC1525	IND COM OTH PTY SCC	LAW OFFICE OF EBEN KURTZMAN OFFICE MANAGER	\$15.00	\$15.00		
8/22/2016	SUZANNE HAMRICK CHAPEL HILL, NC 27517 Memo Reference: INC1526	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$25.00		
	SUBTOTAL						

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SCHEDULE A (CONT.)

Ionetary Contributions Received			whole dollars.	from07/01/2016		california 460	
SEE INSTRUCTIONS	S ON REVERSE			through	6	Page _	56 of 245
NAME OF FILER YES ON PROP 61, O AC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR F	UNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. Nu 137679	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)

R/23/2016   KIT BLUMENSTRIN   LEWISVILLE, TX 75067   Memo Reference: INC1527   IND OTH PPTY   SCC   SS0.00   S350.00   S350.	DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
SAN BRUNO, CA 94066   COM   Memo Reference: INC1528   COM   OTH   PTY   SCC	8/23/2016	LEWISVILLE, TX 75067	COM OTH PTY		\$50.00	\$350.00	
SAN JOSE, CA 95124   COM   Memo Reference: INC1530   RETIRED   RETIRED   RETIRED	8/24/2016	SAN BRUNO, CA 94066	COM OTH PTY		\$15.00	\$150.00	
LAYTON, UT 84041 Memo Reference: INC1529    COM OTH PTY   SCC	8/24/2016	SAN JOSE, CA 95124	COM OTH PTY		\$15.00	\$15.00	
LOS ANGELES, CA 90039 Memo Reference: INC1531  COM OTH PTY  LEGAL ASSISTANT	8/24/2016	LAYTON, UT 84041	COM OTH PTY		\$15.00	\$75.00	
	8/25/2016	LOS ANGELES, CA 90039	COM OTH PTY		\$15.00	\$15.00	

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Monetary Contributions Received	to whole dollars.	Statement covers period	od CALIFORNIA	460
-		from07/01/2016	FORM	700
SEE INSTRUCTIONS ON REVERSE		through	Page _57	of_245
NAME OF FILER			I.D. Number	
YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU PAC	JNDING BY AIDS HEALTHCARE FOUNDATION AND	CALIFORNIA NURSES ASSOC	CIATION 1376791	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/25/2016	ANTHONY MILLER THOUSAND OAKS, CA 91362 Memo Reference: INC1532	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$2.50	\$5.00	
8/25/2016	CAROL SCHRUM GIRARD, PA 16417 Memo Reference: INC1534	IND COM OTH PTY SCC	BOOKS GALORE CLERK	\$3.00	\$3.00	
8/25/2016	GIGI WILLIAMS TUJUNGA, CA 91042 Memo Reference: INC1533	IND COM OTH PTY SCC	•	\$10.00	\$30.00	
8/26/2016	BETH CHAPPELLE EL PASO, TX 79936 Memo Reference: INC1536	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$100.00	\$400.00	
8/26/2016	CHARLES DELGADILLO CORONA, CA 92882 Memo Reference: INC1544	IND COM OTH PTY SCC	•	\$3.80	\$9.40	
			SUBTOTAL	_		

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Monetary (	Monetary Contributions Received		whole dollars.	from07/01/20	•	FORM 460	
SEE INSTRUCTION	IS ON REVERSE			through09/24/20	16	Page _5	of 245
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURS	ES ASSOCIATION	I.D. Nur 1376791	
DATE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR YI		PER ELECTION TO DATE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER CCUPATION AND EMPLOYER ELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/26/2016	CHARLES DELGADILLO CORONA, CA 92882 Memo Reference: INC1545	IND COM OTH PTY SCC	·	\$1.30	\$9.40	
8/26/2016	BARBARA DEUR BUENA VISTA, CO 81211 Memo Reference: INC1543	IND COM OTH PTY SCC	NONE RETIRED	\$3.00	\$3.00	
8/26/2016	SUZANNE EVERETTE BURLINGTON, NC 27215 Memo Reference: INC1547	IND COM OTH PTY SCC	UNC HEALTH CARE PHARMACIST	\$5.00	\$5.00	
8/26/2016	MARGARET FANCIULLO ENFIELD, NH 3748 Memo Reference: INC1548	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$25.00	
8/26/2016	BRETT GARROD FULLERTON, CA 92833 Memo Reference: INC1539	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$25.00	

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\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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Amounts may be rounded

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Monetary (	Contributions Received		nts may be rounded whole dollars.	Statement cov	ers period	CALI	FORNI	<sup>4</sup> 460
				from 07/01/201	6	F	ORM	400
SEE INSTRUCTION	NS ON REVERSE			through	6	Page <sub>-</sub>	59	_ <b>of</b> _245
NAME OF FILER						I.D. Nu	ımber	
YES ON PROP 61, PAC	, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	JNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	137679	1	
			IE AN INDIVIDUAL ENTED	AMOUNT	CLIMALII ATIVE TO	DATE	DED	FLECTION

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/26/2016	DEBRA GRABELLE OAKLAND, CA 94601 Memo Reference: INC1541	IND COM OTH PTY SCC	CALIFORNIA NURSES ASSOCIATION DIRECTOR	\$50.00	\$50.00	
8/26/2016	JOGEON HA COSTA MESA, CA 92626 Memo Reference: INC1537	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$50.00	\$200.00	
8/26/2016	CONNIE HAACK WHITE PLAINS, NY 10606 Memo Reference: INC1550	IND COM OTH PTY SCC	·	\$5.00	\$5.00	
8/26/2016	BARBARA HILBERT BETHLEHEM, PA 18018 Memo Reference: INC1546	IND COM OTH PTY SCC	FRITCH FUEL CO ACCOUNTANT	\$10.00	\$10.00	
8/26/2016	MICHAEL HYNES LOS ANGELES, CA 91325 Memo Reference: INC1551	IND COM OTH PTY SCC	V	\$15.00	\$15.00	

**SUBTOTAL** 

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Amounts may be rounded

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Monetary Contributions Received		to whole dollars.			Statement covers period			CALIFORNIA 460		
•				from	07/01/201	6	F	ORM	400	
SEE INSTRUCTION	NS ON REVERSE			through	n09/24/2010	6	Page	60	of_245	
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFOR	NIA NURSE	S ASSOCIATION	I.D. N 13767	lumber 91		
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/26/2016	WALDEMAR KALINOWSKI LOS ANGELES, CA 90272 Memo Reference: INC1553	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$20.00	
8/26/2016	AIDA MARINA SOUTH PASADENA, CA 91030 Memo Reference: INC1542	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
8/26/2016	PENELOPE MCMILLAN SYLMAR, CA 91342 Memo Reference: INC1552	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$25.00	
8/26/2016	MONICA MORELLI SAN DIEGO, CA 92117 Memo Reference: INC1538	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
8/26/2016	STEPHANIE SABAR LOS ANGELES, CA 90024 Memo Reference: INC1554	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$25.00	
		<del></del>	SURTOTAL	<del></del>		

SUBTOTAL

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Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

Monetary Contributions Received		to	whole dollars.	from 07/01/2016	•	FORM 460		
SEE INSTRUCTION	IS ON REVERSE			through 09/24/2016	<u> </u>	Page	61 of 245	
NAME OF FILER	CALIEODNIANG EOD LOWED DDIC DDICES WITH MAJOR EU	NDING BY AIDS I		CALIEODNIA NUDCE	ASSOCIATION		umber	
PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUL	NDING BY AIDS.	HEALTHCAKE FOUNDATION AND	CALIFORNIA NURSE.	S ASSOCIATION	137679	91	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
8/26/2016	K STONER NORTHFIELD, OH 44067 Memo Reference: INC1540	IND COM OTH PTY	NONE NOT EMPLOYED	\$5.00	\$5.00			

			SUBTOTAL	L		
8/27/2016	CAROL MCMAHON PLACERVILLE, CA 95667 Memo Reference: INC1556	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$8.00	
8/27/2016	ANNE HEMINGWAY FEUER MIAMI, FL 33157 Memo Reference: INC1558	IND COM OTH PTY SCC	AIDS HEALTHCARE FOUNDATION NURSE	\$10.00	\$70.00	
8/26/2016	JOHN WOOLDRIDGE RIO LINDA, CA 95673 Memo Reference: INC1549	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$25.00	
8/26/2016	LYNDA SUCIU BURTON, MI 48509 Memo Reference: INC1535	IND COM OTH PTY SCC	BIOMED BEHAVIORAL HEALTH AND SUBSTANCE ABUSE CLINIC FLINT MICHIGAN NURSING SUPERVISOR & PSYCHIATRIC CLINICAL	\$15.00	\$60.00	
	Memo Reference: INC1540	□ OTH □ PTY □ SCC				

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SCC - Small Contributor Committee

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	(CONT.)

Monetary (	ctions on reverse er P 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR		nts may be rounded whole dollars.	Statement covers period from 07/01/2016			CALIFORNIA 460		
SEE INSTRUCTION	NS ON REVERSE			through09/24/2016	<u> </u>	Page	62	of 245	
NAME OF FILER YES ON PROP 61, PAC	, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR	FUNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. N 13767			

					· · · · · · · · · · · · · · · · · · ·	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/27/2016	VINNIE NIX FORT WAYNE, IN 46807 Memo Reference: INC1557	IND COM OTH PTY SCC	NE IN RWIB WORKFORCE DEVELOPMENT	\$5.00	\$20.00	
8/27/2016	MYRIAM ROIZ MANTECA, CA 95336 Memo Reference: INC1555	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
8/27/2016	PEG YORKIN MALIBU, CA 90265 Memo Reference: INC1559	IND COM OTH PTY SCC	NONE RETIRED	\$50.00	\$600.00	
8/28/2016	CAMISHA GUMBS NEWARK, NJ 7104 Memo Reference: INC1560	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$12.00	
8/28/2016	ELIZABETH J HARAN CLARKSTON, MI 48348 Memo Reference: INC1561	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$60.00	
			CUDTOTA			

**SUBTOTAL** 

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Amounts may be rounded

SCHEDULE A (CONT.)

Monetary (	Contributions Received		nts may be rounded whole dollars.	Statement covers period			CALIFORNIA 46		
•				from	07/01/201	6	F	ORM	400
SEE INSTRUCTION	NS ON REVERSE			through	09/24/2010	6	Page	63	of_245
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	JNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFOR	NIA NURSE	S ASSOCIATION	I.D. N 13767	umber 91	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/28/2016	WILLIAM MICHTOM PORTLAND, OR 97205 Memo Reference: INC1564	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$50.00	\$65.00	
8/28/2016	DAN SILVER LOS ANGELES, CA 90012 Memo Reference: INC1565	IND COM OTH PTY SCC	ENDANGERED HABITATS LEAGUE EXECUTIVE DIRECTOR	\$50.00	\$75.00	
8/28/2016	LISA SUMMERFIELD SHERMAN OAKS, CA 91403 Memo Reference: INC1562	IND COM OTH PTY SCC	PLG ESTATES REALTOR	\$15.00	\$60.00	
8/28/2016	MARK WHISLER SAN FRANCISCO, CA 94109 Memo Reference: INC1563	IND COM OTH PTY SCC	•	\$48.49	\$179.04	
8/29/2016	VALERIE BAIN LAKEWOOD, CA 90713 Memo Reference: INC1586	IND COM OTH PTY SCC	ENVIRONMENTAL NATURE CENTER TEACHER	\$1.00	\$5.00	
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### Schedule A (Continuation Sheet)

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Monetary Contributions Received			to whole dollars.		ers period	CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE			through09/24/2010	6	Page <u>6</u>	of 24	45
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR	FUNDING BY AIDS I	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. Nur 1376791		
DATE	FULL NAME, MAILING ADDRESS	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	COMULATIVE TO		PER ELEC	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/29/2016	JULIA MILDENBERGER LITTLEROCK, CA 93543 Memo Reference: INC1589	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
8/29/2016	RICHARD ADRIAN NELSON JR. SANTA BARBARA, CA 93103 Memo Reference: INC1588	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
8/29/2016	SHARON STENGEL CINCINNATI, OH 45242 Memo Reference: INC1587	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$175.00	
8/30/2016	KIT BLUMENSTEIN LEWISVILLE, TX 75067 Memo Reference: INC1591	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$350.00	
8/30/2016	MARCI ERBY DETROIT, MI 48207 Memo Reference: INC1593	IND COM OTH PTY SCC	WINANS ACADEMY OF PERFORMING ARTS TEACHER	\$10.00	\$40.00	

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Amounts may be rounded

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Monetary Contributions Received	to whole dollars.	Statement cov	ers period	CALIFORN	11A 460
•		from07/01/201	6	FORM	700
SEE INSTRUCTIONS ON REVERSE		through 09/24/201	6	Page <u>65</u>	of_245
NAME OF FILER YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR F PAC	FUNDING BY AIDS HEALTHCARE FOUNDATION ANI	O CALIFORNIA NURSE	S ASSOCIATION	I.D. Number 1376791	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/30/2016	LAUREL MINGEL ENFIELD, CT 6082 Memo Reference: INC1590	IND COM OTH PTY SCC	ONE MACDONOUGH CHEF	\$3.00	\$12.00	
8/31/2016	ANNA ALLEN FLORISSANT, MO 63033 Memo Reference: INC1595	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$20.00	
8/31/2016	MONICA BELIZAN NEW YORK, NY 10014 Memo Reference: INC1605	IND COM OTH PTY	NONE NOT EMPLOYED	\$10.00	\$10.00	
8/31/2016	CAROL BREWER GRAND JUNCTION, CO 81506 Memo Reference: INC1597	IND COM OTH PTY	NONE RETIRED NURSE	\$15.00	\$60.00	
8/31/2016	MARILYN EISENBERG GAINESVILLE, FL 32653 Memo Reference: INC1608	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$200.00	

**SUBTOTAL** 

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Amounts may be rounded

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Monetary Contributions Received		nts may be rounded whole dollars.	Statement covers period			CALIFORNIA 460			
•			from	07/01/201	6	F	ORM	40	L
SEE INSTRUCTIONS ON REVERSE			through	09/24/2010	6	Page <sub>-</sub>	66	of_245	_
NAME OF FILER YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR PAC	FUNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORN	IA NURSE	S ASSOCIATION	I.D. Nu 137679			

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2016	ANDREA FRANKEL NEVADA CITY, CA 95959 Memo Reference: INC1613	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$20.00	
8/31/2016	JONATHAN GOLDSTEIN ATASCADERO, CA 93422 Memo Reference: INC1601	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$65.00	
8/31/2016	ROBERT GRASS LOS ANGELES, CA 90057 Memo Reference: INC1607	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
8/31/2016	SHEILA GROTZKY MILLIKEN, CO 80543 Memo Reference: INC1611	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$50.00	
8/31/2016	WALDEMAR KALINOWSKI LOS ANGELES, CA 90272 Memo Reference: INC1610	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$20.00	
			CURTOTAL			

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Amounts may be rounded

SCHEDULE	A (CONT

Monetary Contributions Received		to whole dollars.			Statement covers period			CALIFORNIA 46		
•				from	07/01/201	6	F	ORM	400	
SEE INSTRUCTION	IS ON REVERSE			through	09/24/2010	6	Page	67	of 245	
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFOR	NIA NURSE	S ASSOCIATION	I.D. N 13767	umber 91		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2016	STEPHANIE LABAW SANTA CRUZ, CA 95060 Memo Reference: INC1600	IND COM OTH PTY SCC	LUTHER BURBANK ELEMENTARY TEACHER	\$3.00	\$12.00	
8/31/2016	JOHN LANDERS HOLLYWOOD, FL 33021 Memo Reference: INC1599	IND COM OTH PTY SCC	NONE RETIRED	\$15.00	\$60.00	
8/31/2016	PHILIP MEADS OAKLAND, CA 94611 Memo Reference: INC1606	IND COM OTH PTY SCC	NONE RETIRED	\$25.00	\$25.00	
8/31/2016	CECILLE MYERS MORENO VALLEY, CA 92551 Memo Reference: INC1609	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$25.00	
8/31/2016	DENYS NAZAROV CHATSWORTH, CA 91311 Memo Reference: INC1602	IND COM OTH PTY SCC	AIDS HEALTHCARE FOUNDATION ASSOCIATE DIRECTOR OF GLOBAL POLICY	\$15.00	\$15.00	
		·	SUBTOTAL			

#### **SUBTOTAL**

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Monetary (	Contributions Received		whole dollars.	Statement cov	CALIFORNIA 460			
,				from07/01/201	6	F	ORM	400
SEE INSTRUCTION	IS ON REVERSE			through	6	Page _	68	of_245
NAME OF FILER						I.D. Nu	ımber	
YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	137679	01	
	ELILL NAME MAILING ADDRESS		IF AN INDIVIDUAL. ENTER	AMOUNT	CUMULATIVE TO	DATE	PER E	ELECTION

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2016	MICHAEL PUGH FAIROAKS RANCH, TX 78015 Memo Reference: INC1596	IND COM OTH PTY SCC	ELEGANT LIMOUSINE CDL DRIVER	\$10.00	\$40.00	
8/31/2016	NIP SHAH SAN DIEGO, CA 92129 Memo Reference: INC1604	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$10.00	
8/31/2016	SHARON STENGEL CINCINNATI, OH 45242 Memo Reference: INC1598	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$175.00	
8/31/2016	BILL TANZER SAN FRANCISCO, CA 94117 Memo Reference: INC1603	IND COM OTH PTY SCC	GAP INC. PRODUCER	\$5.00	\$5.00	
8/31/2016	SANDRA TOWNSEND WILMINGTON, DE 19806 Memo Reference: INC1594	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$12.00	
			CUDTOTAL			

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Monetary (	Contributions Received	to	whole dollars.	from07/01/2016		07/01/2016 CALIF			FORM 46		
SEE INSTRUCTION	IS ON REVERSE			through	09/24/2016	5	Page .	69	of_245		
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUN	DING BY AIDS I	HEALTHCARE FOUNDATION AND	CALIFORN	JIA NURSE	S ASSOCIATION	I.D. No 137679				

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2016	MARGARET TRAWICK CONCORD, CA 94520 Memo Reference: INC1612	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$78.00	
9/1/2016	TERRY BADGER PASO ROBLES, CA 93446 Memo Reference: INC1618	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
9/1/2016	ROBERT BROWN SAN FRANCISCO, CA 94115 Memo Reference: INC1620	IND COM OTH PTY SCC	•	\$100.00	\$100.00	
9/1/2016	RITA COLLINS ELMIRA, NY 14904 Memo Reference: INC1617	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$115.00	
9/1/2016	MARGARET DENISON CORVALLIS, OR 97330 Memo Reference: INC1621	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$25.00	
		<u> </u>	SUBTOTAL			

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COM - Recipient Committee (other than PTY or SCC)

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	(CONT.)

Monetary Contributions Received		to whole dollars.			Statement covers period			CALIFORNIA 460		
•				from	07/01/2016	5	F	ORM	400	
SEE INSTRUCTION	IS ON REVERSE			through	<u>09/24/2010</u>	5	Page	70	of_245	
NAME OF FILER							I.D. N	umber		
YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	INDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFOR	NIA NURSE	S ASSOCIATION	13767	91		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/1/2016	DE MOORE LOS ANGELES, CA 90045 Memo Reference: INC1616	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
9/1/2016	LINDA PECK MISSION VIEJO, CA 92692 Memo Reference: INC1615	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
9/1/2016	SUZANNE WELLS LOS ALTOS, CA 94022 Memo Reference: INC1614	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$25.00	
9/1/2016	CHUCK ZIERDT OAKLAND, CA 94611 Memo Reference: INC1619	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$50.00	\$50.00	
9/2/2016	PAUL BURROUS CORTE MADERA, CA 94925	IND COM OTH PTY SCC	MARIN WOOD RESTORATION AND PAINTING COMPANY OWNER	\$20.00	\$40.00	
		<u> </u>	SUPTOTAL	<u> </u>		

#### **SUBTOTAL**

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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Amounts may be rounded

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Monetary (	Contributions Received	tions Received Statement covers period to whole dollars.				CALIFORNIA 460		
				from07/01/2016	5	F	ORM	400
SEE INSTRUCTION	NS ON REVERSE			through09/24/2016	5	Page_	71	of_245
NAME OF FILER						I.D. Nu	mber	
YES ON PROP 61, PAC	, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	137679	1	
			IF AN INDIVIDUAL ENTED	AMOUNT	CUMULATIVE TO	DATE	חבם	FLECTION

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/2/2016	ALICE JETER-TYES BUFFALO, NY 14214 Memo Reference: INC1623	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$20.00	
9/2/2016	JUDY MCCLUNG SAN ANSELMO, CA 94960 Memo Reference: INC1622	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$40.00	
9/3/2016	SUZANNE COWAN SAN FRANCISCO, CA 94117 Memo Reference: INC1624	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$25.00	
9/3/2016	MARY HALE MIAMI, AZ 85539 Memo Reference: INC1627	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$100.00	
9/3/2016	DOREEN HORTON PLYMOUTH, MA 2360 Memo Reference: INC1629	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$1.00	\$4.00	
			SURTOTAL	•		

SUBTOTAL

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

Type or print in ink.
Amounts may be rounded

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Monetary Contributions Received		to	whole dollars.	from07/01/201	•	FORM 460		
SEE INSTRUCTION	NS ON REVERSE			through	6	Page	of 245	
NAME OF FILER YES ON PROP 61, PAC	, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	JNDING BY AIDS F	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. Numb 1376791	er	
DATE	FULL NAME, MAILING ADDRESS	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECTION	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/2016	MARTA JOHNSON MOKELUMNE HILL, CA 95245 Memo Reference: INC1628	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$60.00	
9/3/2016	HARRIET LEE COLORADO SPRINGS, CO 80904 Memo Reference: INC1631	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$40.00	
9/3/2016	ALEXANDER LIPPERT MARTINEZ, CA 94553 Memo Reference: INC1630	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$20.00	
9/3/2016	HOWARD MOORE JR BERKELEY, CA 94707 Memo Reference: INC1626	IND COM OTH PTY SCC	•	\$25.00	\$100.00	
9/3/2016	ANNETTE VAN DRIEL SAN RAFAEL, CA 94903 Memo Reference: INC1625	IND COM OTH PTY SCC	DIGNITYHEALTH REGISTERED NURSE	\$15.00	\$60.00	

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\*Contributor Codes

IND - Individual

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OTH - Other

PTY - Political Party

### Schedule A (Continuation Sheet)

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Monetary Contributions Received			to whole dollars.  Statement covers  from 07/01/2016		CALIFORNIA		FORM 460
SEE INSTRUCTIO	ONS ON REVERSE			through09/24/201	6	Page	
NAME OF FILER YES ON PROP 6: PAC	1, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR	FUNDING BY AIDS	HEALTHCARE FOUNDATION ANI	O CALIFORNIA NURSE	ES ASSOCIATION	I.D. N 13767	lumber 91
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/4/2016	MARY ASGARI ESCONDIDO, CA 92029 Memo Reference: INC1633	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$60.00		
9/4/2016	LOURDES PAOLI NEW YORK, NY 10032 Memo Reference: INC1632	IND COM OTH PTY	NONE NOT EMPLOYED	\$15.00	\$60.00		
9/5/2016	CHARLES LEWIS EL CAJON, CA 92020 Memo Reference: INC1649	IND COM OTH PTY SCC	V	\$50.00	\$50.00		
9/6/2016	KENNETH ALLEN REDANDO BEACH, CA 90277	IND COM OTH PTY SCC	NONE RETIRED	\$100.00	\$100.00		
9/6/2016	DEE CARRANZA MURRIETA, CA 92563	IND COM	,	\$20.00	\$20.00		

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\*Contributor Codes

IND - Individual

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OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov from 07/01/201	•	CALIFORNIA 460		
SEE INSTRUCTIO	NS ON REVERSE			through09/24/201	6	Page <u>7</u>	4 of 245	
NAME OF FILER YES ON PROP 61 PAC	, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR I	FUNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. Nur 1376791		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)	
9/6/2016	MARISSA GORDON SAN JOSE, CA 95124 Memo Reference: INC1651	IND COM OTH PTY SCC	ROI COMMUNICATION CONSULTANT	\$50.00	\$50.00			
9/6/2016	SHIRLEY HAWKINS LOS ANGELES, CA 90043	IND COM OTH PTY SCC	NONE RETIRED	\$25.00	\$25.00			
9/6/2016	DEEPAK KAMATH RENO, NV 89519 Memo Reference: INC1650	IND COM OTH PTY SCC	FLEX ENGINEER	\$100.00	\$100.00			
9/6/2016	PAUL LIMPERIO LOS BANOS, CA 93635	IND COM OTH PTY SCC	NONE RETIRED	\$20.00	\$20.00			
9/6/2016	DENNIS SOUKUP LONG BEACH, CA 90802	IND COM OTH PTY SCC	TRANSAMERICA FINANCIAL ADVISORS FINANCIAL ADVISOR	\$25.00	\$25.00			

**SUBTOTAL** 

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Amounts may be rounded

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Monetary	Monetary Contributions Received		to whole dollars.		vers period	CALIFORNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE			through	16	Page _	75 of 245	
NAME OF FILER YES ON PROP 6 PAC	1, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR	R FUNDING BY AIDS	HEALTHCARE FOUNDATION ANI	D CALIFORNIA NURSI	ES ASSOCIATION	I.D. Nu 137679		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
9/6/2016	GUADALUPE TORRES SUNNYVALE, CA 94087	IND COM OTH PTY SCC	NONE RETIRED	\$50.00	\$50.00			
9/6/2016	TRAVIS VANBRASCH SAN FRANCISCO, CA 94131	IND COM OTH PTY	·	\$25.00	\$25.00			
9/7/2016	ANDREW BROWNE PORTOLA VALLEY, CA 94028	IND COM OTH PTY SCC	REI SALESMAN	\$100.00	\$100.00			
9/9/2016	RAUF ADIL FREMONT, CA 94536 Memo Reference: INC1660	IND COM OTH PTY SCC	PG&E SENIOR ARCHITECT	\$10.00	\$25.00			
9/9/2016	PAUL BECK SHERMAN OAKS, CA 91423 Memo Reference: INC1661	IND COM OTH PTY SCC	•	\$15.00	\$15.00			

**SUBTOTAL** 

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OTH - Other

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Amounts may be rounded

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Monetary Contributions Received	to whole dollars.	State	ement covers period	CALIFORNIA 46		
-		from	07/01/2016	FORM	<b>T</b> 00	
SEE INSTRUCTIONS ON REVERSE		through	09/24/2016	Page <u>76</u> 0	of 245	
NAME OF FILER				I.D. Number		
YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR PAC	FUNDING BY AIDS HEALTHCARE FOUNDATION AND	CALIFORN	NIA NURSES ASSOCIATION	1376791		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/2016	NICOLE DORFMAN MORRO BAY, CA 93442 Memo Reference: INC1656	IND COM OTH PTY SCC	DORFMAN KINESIOLOGY SMALL BUSINESS OWNER	\$25.00	\$25.00	
9/9/2016	JOHN GUENTHER ASPEN, CO 81611 Memo Reference: INC1653	IND COM OTH PTY SCC	TIRE RACK BUSINESS OWNER	\$25.00	\$25.00	
9/9/2016	STANLEY HAYE RIDGECREST, CA 93555 Memo Reference: INC1657	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
9/9/2016	JANE HOLT LOS ALTOS, CA 94024 Memo Reference: INC1662	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$50.00	\$50.00	
9/9/2016	WALDEMAR KALINOWSKI LOS ANGELES, CA 90272 Memo Reference: INC1664	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$20.00	
		·	SUPTOTAL	<u> </u>		

**SUBTOTAL** 

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OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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Amounts may be rounded

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Monetary Contributions Received		to	whole dollars.	from07/01/2016	•	FORM 460		
SEE INSTRUCTION	NS ON REVERSE			through09/24/2016	5	Page <u>77</u>	of_245	
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS I	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. Num 1376791	ber	
DATE	FULL NAME, MAILING ADDRESS	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CALENDAR VE		PER ELECTION	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER CCUPATION AND EMPLOYER ELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/2016	MARK LESSNER TRACY, CA 95391 Memo Reference: INC1667	IND COM OTH PTY SCC	•	\$25.00	\$40.00	
9/9/2016	VALERIE LICHTMAN SAN BERNARDINO, CA 92404 Memo Reference: INC1663	IND COM OTH PTY SCC	RIM OF THE WORLD USD LIBRARIAN	\$25.00	\$25.00	
9/9/2016	THOMAS LUX SAN LEANDRO, CA 94579 Memo Reference: INC1658	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$3.00	
9/9/2016	BLAKE MANIQUIS LOS ANGELES, CA 90026 Memo Reference: INC1652	IND COM OTH PTY SCC	PARAMOUNT PICTURES FILM EDITOR	\$15.00	\$15.00	
9/9/2016	SHOSHANA SIMON YUCAIPA, CA 92399 Memo Reference: INC1654	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$30.00	

SUBTOTAL				
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COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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Amounts may be rounded

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Monetary Contributions Received			whole dollars.	Statement cover from 07/01/2016	•	CALIFORNIA 460 FORM		
SEE INSTRUCTION	IS ON REVERSE			through09/24/2016	5	Page _	78 of 245	
NAME OF FILER					I.D. Number			
YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS I	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	1376791	1	
DATE	FULL NAME, MAILING ADDRESS	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT RECEIVED THIS	CUMULATIVE TO		PER ELECTION	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
9/9/2016	STEVE SKETO SAN LUIS OBISPO, CA 93401 Memo Reference: INC1665	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$10.00		
9/9/2016	TIMOTHY STOWELL LOS ANGELES, CA 90046 Memo Reference: INC1659	IND COM OTH PTY SCC	UNIVERSITY OF CALIFORNIA LOS ANGELES PROFESSOR	\$50.00	\$50.00		
9/9/2016	SUZANNE WELLS LOS ALTOS, CA 94022 Memo Reference: INC1666	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$10.00	\$25.00		
9/9/2016	JOHN WOOLDRIDGE RIO LINDA, CA 95673 Memo Reference: INC1655	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$25.00		
9/12/2016	CHARLES BRUNO WHITTIER, CA 90603	IND COM OTH PTY SCC	NONE RETIRED	\$10.00	\$10.00		
CUPTOTAL							

SUBTOTAL
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IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

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Statement covers period

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SEE INSTRUCTION NAME OF FILER VES ON PROP 61	NS ON REVERSE CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING RY AIDS	HEALTHCARE FOUNDATION AND	through 09/24/2010		Page I.D. N 13767	umber
PAC PAC	CALIFORNIANS FOR LOWER DROUT RICES, WITH MAJOR FO	NDING BT AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NORSE	SASSOCIATION	13707	<i>7</i> 1
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/12/2016	MICHAEL COWHERD BENICIA, CA 94510	IND COM OTH PTY SCC	HIRE MY HUSBAND HANDY MAN	\$10.00	\$10.00		
9/12/2016	PAMELA DARR CAMPBELL, CA 95008	IND COM OTH PTY SCC	NONE RETIRED	\$20.00	\$20.00		
9/12/2016	FRANCES SPOELSTRA REDLANDS, CA 92373	IND COM OTH PTY SCC	NONE RETIRED NURSE	\$100.00	\$100.00		
9/13/2016	CONRAD MELTON SUN CITY, CA 92586 Memo Reference: INC1725	IND COM OTH	NONE NOT EMPLOYED	\$25.00	\$35.00		

AIDS HEALTHCARE FOUNDATION

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IND

\$25.00

\$125.00

\*Contributor Codes

IND - Individual

9/14/2016

COM - Recipient Committee (other than PTY or SCC)

PEDRO AGUILERA

LOS ANGELES, CA 90068

Memo Reference: INC1726

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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Amounts may be rounded

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Statement covers period

Monetary Contributions Received		to	whole dollars.	from			
SEE INSTRUCTIO	ONS ON REVERSE			through		Page _	80 of 245
NAME OF FILER YES ON PROP 6: PAC	1, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR	R FUNDING BY AIDS	HEALTHCARE FOUNDATION ANI	D CALIFORNIA NURSI	ES ASSOCIATION	I.D. Nu 137679	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
9/14/2016	SHARON IVORY WEST SACRAMENTO, CA 95691	■ IND □ COM □ OTH □ PTY □ SCC	NONE RETIRED	\$10.00	\$10.00		
9/15/2016	MERLE LOPEZ OXNARD, CA 93033	■ IND □ COM □ OTH □ PTY □ SCC	NONE RETIRED	\$15.00	\$15.00		
9/15/2016	KATHERINE MERRELL SANTA ROSA, CA 95403 Memo Reference: INC1727	IND COM OTH PTY SCC	SONOMA STATE UNIVERSITY STUDENT	\$5.00	\$5.00		
9/16/2016	PAUL BURROUS CORTE MADERA, CA 94925	IND COM OTH PTY SCC	MARIN WOOD RESTORATION AND PAINTING COMPANY OWNER	\$20.00	\$40.00		
9/16/2016	CAROL FELD BETHESDA, MD 20817 Memo Reference: INC1731	IND COM OTH PTY SCC	THE HILL GROUP SUBJECT MATTER EXPERT	\$25.00	\$25.00		

**SUBTOTAL** 

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IND - Individual

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OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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Amounts may be rounded

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Statement covers period

monotary contributions reconved		10	from <u>07/01/2016</u>		6	FORM 46U	
SEE INSTRUCTION	DNS ON REVERSE			through	6	Page	81 of 245
NAME OF FILER YES ON PROP 6 PAC	1, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR	R FUNDING BY AIDS	HEALTHCARE FOUNDATION ANI	O CALIFORNIA NURSE	ES ASSOCIATION	I.D. N 13767	umber 91
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
9/16/2016	MOXLEY PHILIP JAMUL, CA 91935	IND COM OTH PTY SCC	NONE RETIRED	\$50.00	\$50.00		
9/16/2016	ELIZABETH SMALL WASHINGTON, DC 20016 Memo Reference: INC1729	IND COM OTH PTY SCC	•	\$15.00	\$75.00		
9/16/2016	RICHARD TUNSTALL SAN DIEGO, CA 92131 Memo Reference: INC1730	IND COM OTH PTY SCC	OMNI HOTELS MANAGER	\$20.00	\$20.00		
9/16/2016	GARRY UHLE YORBA LINDA, CA 92886	IND COM OTH PTY SCC	NONE RETIRED	\$10.00	\$10.00		
9/16/2016	MARLYS WATERS	■ IND	NONE	\$25.00	\$100.00		

NOT EMPLOYED

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\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

FAIRWAY, KS 66205

Memo Reference: INC1728

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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Amounts may be rounded

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Monetary Contributions Received	to whole dollars.	Sta	tement covers period	CALIFORNIA 46		
-		from	07/01/2016	FORM	700	
SEE INSTRUCTIONS ON REVERSE		through	n09/24/2016	Page <u>82</u>	of_245	
NAME OF FILER				I.D. Number		
YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR PAC	FUNDING BY AIDS HEALTHCARE FOUNDATION AND	CALIFOR	NIA NURSES ASSOCIATION	1376791		
				•		

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2016	KAREN COLMERY SUGARLOAF, CA 92386 Memo Reference: INC1732	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$25.00	
9/18/2016	SUSAN ARONOW WEGMANN WEST HOLLYWOOD, CA 90069 Memo Reference: INC1733	IND COM OTH PTY SCC	•	\$5.00	\$25.00	
9/18/2016	DIANE CHAPMAN MEETEETSE, WY 82433 Memo Reference: INC1735	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$20.00	\$100.00	
9/18/2016	BRADLEY FLOYD SAN BRUNO, CA 94066 Memo Reference: INC1736	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$150.00	
9/18/2016	GREGORY LINCOLN LAGUNA BEACH, CA 92651 Memo Reference: INC1734	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$50.00	\$250.00	
			SUBTOTAL	<u> </u>		

SUBTOTAL

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded

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Monetary Contributions Received		to whole dollars.		Statement covers period from <u>07/01/2016</u>		CALIFORNIA 460 FORM	
SEE INSTRUCTIO	ONS ON REVERSE			through	6	Page	_83 of 245
NAME OF FILER YES ON PROP 6 PAC	1, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR I	FUNDING BY AIDS	HEALTHCARE FOUNDATION AND	) CALIFORNIA NURSE	S ASSOCIATION	I.D. N 13767	umber 91
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/19/2016	RAUF ADIL FREMONT, CA 94536 Memo Reference: INC1782	IND COM OTH PTY SCC	PG&E SENIOR ARCHITECT	\$10.00	\$25.00		
9/19/2016	LYNDA BAKER VICTORVILLE, CA 92392	IND COM OTH PTY SCC	NONE RETIRED	\$50.00	\$50.00		
9/19/2016	MARIANNE BARISONEK GRASS VALLEY, CA 95949 Memo Reference: INC1773	IND COM OTH PTY SCC	PIERRY INTERACTIVE SOFTWARE DEVELOPER	\$15.00	\$15.00		
9/19/2016	GEORGE BEELER PETALUMA, CA 94952	IND COM OTH PTY SCC	AIM ASSOCIATES ARCHITECT	\$50.00	\$55.00		
9/19/2016	DOROTHY BERNDT BERKELELY, CA 94705	IND COM		\$100.00	\$100.00		

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### **Schedule A (Continuation Sheet)**

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Monetary Contributions Received			whole dollars.		1/2016	CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE			through 09/24	4/2016	Page _	84 of_245	
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NU	JRSES ASSOCIATION	I.D. Nu 137679		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED TH	CUMULATIVE TO S CALENDAR Y	EAR	PER ELECTION TO DATE (JE REOLURED)	

SIJABETH CANDLISH   DILLON BEACH, CA 94929   Memo Reference: INC1785   Memo Reference: INC1776   Memo Reference: INC1770   Memo Reference: INC1784   Memo Reference: INC1783   Month None None None None None None None None	DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
DAVIS, CA 95616   COM   OTH   OTH   PTY   SCC	9/19/2016	DILLON BEACH, CA 94929	COM OTH PTY		\$5.00	\$5.00	
PHILADELPHIA, PA 19147 Memo Reference: INC1770    OTH	9/19/2016	DAVIS, CA 95616	COM OTH PTY		\$20.00	\$30.00	
CUPERTINO, CA 95014 Memo Reference: INC1784  OTH PTY SCC  9/19/2016  MARLENE LIEBERMAN BERKELEY, CA 94707 Memo Reference: INC1783  IND COM NONE NOT EMPLOYED  \$10.00	9/19/2016	PHILADELPHIA, PA 19147	COM OTH PTY	MANAGER OF HOME	\$50.00	\$50.00	
BERKELEY, CA 94707 Memo Reference: INC1783  COM OTH NOT EMPLOYED	9/19/2016	CUPERTINO, CA 95014	COM OTH PTY		\$25.00	\$25.00	
	9/19/2016	BERKELEY, CA 94707	COM OTH PTY		\$10.00	\$10.00	

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Amounts may be rounded

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Monetary Contributions Received		to	whole dollars.	from 07/01/2016	•	CALIFORNIA 460	
SEE INSTRUCTION	IS ON REVERSE			through 09/24/2016	<u>5</u>	Page .	85 <b>of</b> 245
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUI	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. Nu 137679	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
9/19/2016	JOSE MENDEZ SAN MATEO, CA 94403 Memo Reference: INC1778	IND COM OTH	NONE NOT EMPLOYED	\$15.00	\$15.00		

RECEIVED	AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
9/19/2016	JOSE MENDEZ SAN MATEO, CA 94403 Memo Reference: INC1778	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
9/19/2016	WILLIAM MICHTOM PORTLAND, OR 97205 Memo Reference: INC1779	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$65.00	
9/19/2016	CHARLES PELLICCI LAKEHEAD, CA 96051 Memo Reference: INC1775	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$40.00	
9/19/2016	JOYCE POTTER MISSION VIEJO, CA 92691	IND COM OTH PTY SCC	NONE RETIRED	\$10.00	\$10.00	
9/19/2016	DAVID RUCH GOLETA, CA 93117	IND COM OTH PTY SCC	•	\$25.00	\$25.00	

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PTY - Political Party

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Amounts may be rounded

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Statement covers period

monetary contributions received		το	from <u>07/01/20</u>		/2016 FORM		ORM 40U
SEE INSTRUCTIO	NS ON REVERSE			through	6	Page	86 of 245
NAME OF FILER YES ON PROP 61 PAC	, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR	R FUNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	ES ASSOCIATION	I.D. No 137679	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/19/2016	ALIREZA SEYLANI HEMET, CA 92545 Memo Reference: INC1769	IND COM OTH PTY SCC	NBTY FIRST ASSISTANT MANAGER	\$1.00	\$5.00		
9/19/2016	SHOSHANA SIMON YUCAIPA, CA 92399 Memo Reference: INC1777	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$30.00		
9/19/2016	CHRISTINA STALLARD WEST HILLS, CA 91304 Memo Reference: INC1768	IND COM OTH PTY SCC	PARANMOUNT PICTURES SET LIGHTING TECHNICIAN	\$15.00	\$75.00		
9/19/2016	GERALD WILLIAMS PASADENA, CA 91105 Memo Reference: INC1780	IND COM OTH PTY	COUNTY OF LOS ANGELES ATTORNEY	\$3.00	\$3.00		

NONE

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SUBTOTAL	
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\$500.00

\$600.00

\*Contributor Codes

IND - Individual

9/19/2016

COM - Recipient Committee (other than PTY or SCC)

PEG YORKIN MALIBU, CA 90265 Memo Reference: INC1772

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

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Amounts may be rounded

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Monetary Contributions Received		to	whole dollars.	from 07/01/2010		CALIFORNIA 460		
SEE INSTRUCTION	NS ON REVERSE			through09/24/2010	6	Page	_87 <b>of</b> _245	
NAME OF FILER YES ON PROP 61, PAC	, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR F	FUNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. N 13767	lumber 91	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
9/19/2016	SHARON ZINGERY	IND IND	NONE NOT EMPLOYED	\$5.00	\$5.00			

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2016	SHARON ZINGERY CHICAGO, IL 60660 Memo Reference: INC1774	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$5.00	
9/20/2016	AIDS HEALTHCARE FOUNDATION LOS ANGELES, CA 90028 Committee ID: 1281664	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$5,000,000.00	\$10,032,480.93	
9/20/2016	STAN ANDERSON MORRO BAY, CA 93442 Memo Reference: INC1788	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$15.00	
9/20/2016	AHMAD BEHTASH SACRAMENTO, CA 95831 Memo Reference: INC1789	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$125.00	
9/20/2016	MARIA MORFIN YUBA CITY, CA 95991	IND COM OTH PTY SCC	NONE RETIRED	\$15.00	\$15.00	

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Type or print in ink. Amounts may be rounded

SCHEDULE	A (CONT

Monetary Contributions Received			to whole dollars.		ers period	CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE			through	6	Page _	88 of 245	
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS I	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. Nui 1376791		
DATE	FULL NAME, MAILING ADDRESS	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR YE		PER ELECTION TO DATE	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/20/2016	LINDA RIELAND SEATTLE, WA 98105 Memo Reference: INC1786	IND COM OTH PTY SCC	NONE RETIRED	\$5.00	\$5.00	
9/20/2016	PEG YORKIN MALIBU, CA 90265 Memo Reference: INC1787	IND COM OTH PTY SCC	NONE RETIRED	\$50.00	\$600.00	
9/21/2016	KAREN ARCEL OROVILLE, CA 95966 Memo Reference: INC1791	IND COM OTH PTY SCC	PRIME HEALTHCARE CLINICAL MICROBIOLOGIST	\$25.00	\$25.00	
9/22/2016	SUZANNE HAMRICK CHAPEL HILL, NC 27517 Memo Reference: INC1793	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$25.00	
9/22/2016	PATRICIA HIGGINS ANTIOCH, CA 94509	IND COM OTH PTY SCC	NONE RETIRED	\$25.00	\$25.00	

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Type or print in ink. Amounts may be rounded

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Monetary (	Contributions Received		nts may be rounded whole dollars.	Statement cov	ers period	CALIFORNIA 460	
_				from07/01/2010	6	FOR	м +ОО
SEE INSTRUCTION	IS ON REVERSE			through09/24/2010	6	Page <u>89</u>	of_245
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJO	OR FUNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURSE	S ASSOCIATION	I.D. Numbe 1376791	er

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
9/22/2016	ANTHONY MEADOWS VALENCIA, CA 91354 Memo Reference: INC1794	IND COM OTH PTY SCC	LILLY SALES REPRESENTATIVE	\$3.00	\$3.00			
9/22/2016	CHERILYN OSHIRO SAN FRANCISCO, CA 94121 Memo Reference: INC1795	IND COM OTH PTY SCC	NATIONAL NURSES UNITED GRAPHIC DESIGNER	\$15.00	\$15.00			
9/22/2016	BENSON TOY MILL VALLEY, CA 94941 Memo Reference: INC1792	IND COM OTH PTY SCC	MARIN MEDICAL PHARMACY PHARMACIST	\$50.00	\$50.00			
9/23/2016	BARBARA ADAMS LOS ANGELES, CA 90046 Memo Reference: INC1811	IND COM OTH PTY SCC	PROMISES MALIBU REGISTERED NURSE	\$25.00	\$25.00			
9/23/2016	STEVEN BERKOWITZ ROUND ROCK, TX 78664 Memo Reference: INC1806	IND COM OTH PTY SCC	BI COMPANY VICE PRESIDENT	\$5.00	\$5.00			
	SUBTOTAL							

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Monetary Contributions Received			to whole dollars.		vers period	CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE			through09/24/20	16	Page	90 of 245	
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	JNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURS	ES ASSOCIATION	I.D. No 137679	umber 91	
DATE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR YI		PER ELECTION TO DATE	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/2016	KIT BLUMENSTEIN LEWISVILLE, TX 75067 Memo Reference: INC1796	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$50.00	\$350.00	
9/23/2016	CAROL BRANDNER ORLANDO, FL 32812 Memo Reference: INC1809	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$15.00	
9/23/2016	DAVE COOPERBERG SAN FRANCISCO, CA 94117 Memo Reference: INC1802	IND COM OTH PTY SCC	•	\$25.00	\$25.00	
9/23/2016	GAYLE DOUB SAN FRANCISCO, CA 94117 Memo Reference: INC1812	IND COM OTH PTY SCC	DATASAFE CLIENT SERVICES REP	\$15.00	\$15.00	
9/23/2016	NANCY GALLANT SAINT PETERSBURG, FL 33709 Memo Reference: INC1803	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$25.00	

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SCHEDULE	A (CONT

Monetary (	Contributions Received		nts may be rounded whole dollars.	Statement co	CALIFORNIA 460			
•				from07/01/20	16	F	ORM	400
SEE INSTRUCTION	IS ON REVERSE			through	16	Page	91	of_245
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FU	NDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFORNIA NURS	ES ASSOCIATION		umber 91	

AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
JUDY HUBBARD COSTA MESA, CA 92627 Memo Reference: INC1807	IND COM OTH PTY	NONE NOT EMPLOYED	\$1.00	\$1.00	
PATRICK MCGANN MARIANNA, FL 32446 Memo Reference: INC1798	IND COM OTH PTY	NONE NOT EMPLOYED	\$3.00	\$3.00	
MICHAEL MCQUOWN PHILADELPHIA, PA 19144 Memo Reference: INC1797	IND COM OTH PTY	NONE NOT EMPLOYED	\$10.00	\$10.00	
RONALD PIMENTEL GREENBRAE, CA 94904 Memo Reference: INC1804	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$25.00	\$25.00	
NIP SHAH SAN DIEGO, CA 92129 Memo Reference: INC1810	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$10.00	
	JUDY HUBBARD COSTA MESA, CA 92627 Memo Reference: INC1807  PATRICK MCGANN MARIANNA, FL 32446 Memo Reference: INC1798  MICHAEL MCQUOWN PHILADELPHIA, PA 19144 Memo Reference: INC1797  RONALD PIMENTEL GREENBRAE, CA 94904 Memo Reference: INC1804  NIP SHAH SAN DIEGO, CA 92129	JUDY HUBBARD COSTA MESA, CA 92627 Memo Reference: INC1807  PATRICK MCGANN MARIANNA, FL 32446 Memo Reference: INC1798  IND COM OTH PTY SCC  MICHAEL MCQUOWN PHILADELPHIA, PA 19144 Memo Reference: INC1797  IND COM OTH PTY SCC  MICHAEL MCQUOWN PHILADELPHIA, PA 19144 Memo Reference: INC1797  IND COM OTH PTY SCC  RONALD PIMENTEL GREENBRAE, CA 94904 Memo Reference: INC1804  IND COM OTH PTY SCC  IND COM OTH PTY SCC	JUDY HUBBARD COSTA MESA, CA 92627 Memo Reference: INC1807  PATRICK MCGANN MARIANNA, FL 32446 Memo Reference: INC1798  MICHAEL MCQUOWN PHILADELPHIA, PA 19144 Memo Reference: INC1797  RONALD PIMENTEL GREENBRAE, CA 94904 Memo Reference: INC1804  NONE NOT EMPLOYED  NONE NOT EMPLOYED  NONE NOT EMPLOYED  NONE NOT EMPLOYED  NOT EMPLOYED	SCC   STATISTICS   STATISTICS	JUDY HUBBARD

SUBTOTAL

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Amounts may be rounded

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Monetary (	Contributions Received		nts may be rounded whole dollars.	Statement covers period			CALIFORNIA 460		
• • • • • • • • • • • • • • • • • • • •				from	07/01/2010	6	F	ORM	400
SEE INSTRUCTION	NS ON REVERSE			through	09/24/2010	6	Page	92	of 245
NAME OF FILER YES ON PROP 61, PAC	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJO	R FUNDING BY AIDS	HEALTHCARE FOUNDATION AND	CALIFOR	NIA NURSE	S ASSOCIATION	I.D. N 13767	umber 91	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/23/2016	DAN SILVER LOS ANGELES, CA 90012 Memo Reference: INC1799	IND COM OTH PTY SCC	ENDANGERED HABITATS LEAGUE EXECUTIVE DIRECTOR	\$25.00	\$75.00	
9/23/2016	CHARLEEN STEEVES TOPANGA, CA 90290 Memo Reference: INC1805	IND COM OTH PTY SCC	20TH CENTURY FOX STUDIO SOUND TECH	\$15.00	\$15.00	
9/23/2016	ROY THIELKING KAHULUI, HI 96733 Memo Reference: INC1808	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$100.00	\$100.00	
9/23/2016	MARGARET TRAWICK CONCORD, CA 94520 Memo Reference: INC1800	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$78.00	
9/24/2016	BRADLEY FLOYD SAN BRUNO, CA 94066 Memo Reference: INC1814	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$150.00	
<u> </u>		<u> </u>	SUBTOTA	•		

SUBTOTAL

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COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

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Amounts may be rounded

SCHEDULE A (CONT.)

Monetary (	Contributions Received		whole dollars.	from 07/01/201	•	california 460			
SEE INSTRUCTION	IS ON REVERSE			through	6	Page <sub>-</sub>	93 of	245	
NAME OF FILER  TES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION 1376791  AC									
DATE	FULL NAME, MAILING ADDRESS	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELE	ECTION	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/24/2016	MARIAN M. HOOD GONZALES, LA 70737 Memo Reference: INC1817	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$3.00	
9/24/2016	CAMILLE KNIGHTON LAYTON, UT 84041 Memo Reference: INC1815	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$15.00	\$75.00	
9/24/2016	CAROL MCMAHON PLACERVILLE, CA 95667 Memo Reference: INC1813	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$5.00	\$8.00	
9/24/2016	JERRY MILLER FAIRFAX, CA 94930 Memo Reference: INC1818	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$50.00	\$50.00	
9/24/2016	JOAN D NEELY LAGO VISTA, TX 78645 Memo Reference: INC1816	IND COM OTH PTY SCC	NONE NOT EMPLOYED	\$3.00	\$3.00	
		<u> </u>	SUBTOTAL	\$5,059,021,09		

**SUBTOTAL** \$5,058,031.98

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

#### Schedule B - Part 1 **Loans Received**

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE B - PART 1
Statement covers period	CALIFORNIA 460
om07/01/2016	FORM 40U

					from		FORM	
SEE INSTRUCTIONS ON REVERSE					through	016	Page _94	of <u>245</u>
NAME OF FILER YES ON PROP 61, CALIFORNIANS FOR LOWER PAC	DRUG PRICES, WITH MAJOR FU	NDING BY AIDS HI	EALTHCARE FOU	JNDATION AND C	CALIFORNIA NURSE	ES ASSOCIATIO	I.D. NUMBER 1376791	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
				PAID				CALENDAR YEAR
				FORGIVEN		% RATE		PER ELECTION**
☐IND ☐ COM☐OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				FORGIVEN		% RATE		PER ELECTION**
					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				FORGIVEN		% RATE		PER ELECTION**
☐ IND ☐ COM☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	
		SUBTOTALS						
Schedule B Summary  1. Loans received this period (Total Column (b) plus unitemized loans	; less than \$100.)						(Enter (e) on Schedule E, Line 3)	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	0 paid or forgiven.)	lule A.)					* Amounts forg another party a reported on Scl	iven or paid by Iso must be nedule A.
3. Net change this period. (Subtract Lin Enter the net here and on the Summary	e 2 from Line 1.)	· 			Net	ative number)	** If required.	
*Contributor Codes IND-Individual COM-Recipient Committee (c	other than PTY or SCC)	OTH-Other PTY-	-Political Party	SCC-Small Con	tributor Committee	FPPC	FPPC For	rm 460 (June/01)

#### Schedule B - Part 2 Loan Guarantors

## Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE B - PART 2
Statement covers period	CALIFORNIA 460
from07/01/2016	FORM TOO
through <u>09/24/2016</u>	Page 95 of 245

INSTRUCTIONS ON REVERSE				through <u>09/24/2016</u>		Page <u>95</u>	of 245
E OF FILER ON PROP 61, CALIFORNIANS FOR LOWER D	DRUG PRICES, WITH M	MAJOR FUNDING BY AIDS HEALTH	CARE FOUNDATION AND CA	ALIFORNIA NURSES ASSO	OCIATION	I.D. Number 1376791	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMUL TO D.		BALANCE OUTSTANDIN TO DATE
	☐ IND ☐ COM		LENDER		CALENDA	R YEAR	
	OTH PTY SCC		DATE	_	PER ELEC (IF REQU	CTION IRED)	
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			LENDER		CALENDA	R YEAR	
		DATE	_	PER ELEC (IF REQU	CTION IRED)		
			LENDER		CALENDA	R YEAR	
□ COM □ OTH □ PTY □ SCC	□отн		DATE	_	PER ELEC (IF REQU	CTION IRED)	
			LENDER		CALENDA	R YEAR	
	☐ COM ☐ OTH ☐ PTY ☐ SCC		DATE		PER ELEC (IF REQU	CTION IRED)	
			SUBTO	DTAL	Enter Summary Line 17	on Page,	

#### Schedule C Nonmonetary Contributions Received

3. Total nonmonetary contributions received this period.

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period rom 07/01/2016	CALIFORNIA 460

fr through  $\underline{09/24/2}016$ Page <u>96</u> of 245 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. Number YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION 1376791 PAC **CUMULATIVE TO** IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME. STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE CODE \* CALENDAR YEAR ZIP CODE OF CONTRIBUTOR DDS OR SERVICES RECEIVED (IF SELF-EMPLOYED, ENTER **VALUE** (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) 9/24/2016 AIDS HEALTHCARE FOUNDATION \$3,840.00 \$10,032,480,93 LOS ANGELES, CA 90028 □сом OTH ☐ PTY □ scc Committee ID: 1281664 CALIFORNIA NURSES ASSOCIATION PAC CMP \$459.89 \$50,459.89 9/6/2016 IND (CNA-PAC) OAKLAND, CA 94612 □ сом □отн PTY SCC Committee ID: 780657 □ сом □ отн ☐ PTY □ scc □ сом  $\sqcup$  oth ☐ PTY  $\square$  scc Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL** \$4,299.89 Schedule C Summary 1. Amount received this period - nonmonetary contributions of \$100 or more. \*Contributor Codes \$4,299.89 (Include all Schedule C subtotals.)..... IND - Individual COM- Recipient Committee \$0.00 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 ...... (other than PTY or SCC)

> FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

SCC - Small Contributor Committee

OTH - Other PTY - Political Party

\$4,299.89

### Schedule D **Summary of Expenditures** Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA 160
from07/01/2016	FORM 400
through <u>09/24/2016</u>	Page <u>97</u> of <u>245</u>
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION PAC

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/27/2016	CONSUMER WATCHDOG CAMPAIGN - YES ON 61	Monetary Contribution		\$75,000.00	\$75,000.00	
		Nonmonetary Contribution				
		Independent Expenditure				
	Support Oppose					
		☐ Monetary Contribution				
		Nonmonetary Contribution				
		Independent Expenditure				
	Support Oppose	'				
		☐ Monetary Contribution				
		Nonmonetary Contribution				
		Independent Expenditure				
	Support Oppose	Experialitate				
			SUBTOTAL	\$75,000.00		

#### **Schedule D Summary**

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$75,000.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$75,000.00

#### Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from07/01/2016	CALIFORNIA 460			
through <u>09/24/2016</u>	Page 98 of 245			
CALIFORNIA NURSES ASSOCIATION	I.D. NUMBER 1376791			

CCHEDITIE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION PAGE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	R DESCRIPTION OF PAYMENT	AMOUNT PAID
AKPD MESSAGE & MEDIA LLC CHICAGO, IL 60654	TEL	SEE SCHEDULE G	\$22,796.68
RTB IQ SAN FRANCISCO, CA 94121	WEB	SEE SCHEDULE G	\$60,000.00
WELLS FARGO BANK SAN FRANCISCO, CA 94104	OFC		\$30.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** 

#### **Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$6,829,807.44
2. Unitemized payments made this period of under \$100.	\$58.45
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4 Total navments made this period (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A. Line 6.)	\$6.829.865.89

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from <u>07/01/2016</u>	FORM TOO
through <u>09/24/2016</u>	Page 99 of 245
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION PAC

1.D. NUMBI 1376791

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events		polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
DUFFY & CAPITOLO SACRAMENTO, CA 95814	CNS		\$15,000.00
GARRY SOUTH MARINA DEL REY, CA 90292		REIMBURSED EXPENSES	\$31.25
GARRY SOUTH MARINA DEL REY, CA 90292	CNS		\$25,000.00
THE DAILY BEAST NEW YORK, NY 10011	WEB		\$7,000.00
IMPRENTA COMMUNICATIONS GROUP, INC SAN MARINO, CA 91108	CNS		\$8,500.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from07/01/2016	FORM 400
through <u>09/24/2016</u>	Page 100 of 245
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION 1376791

i.d. numbi 1376791

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*		office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYME	ENT AMOUNT PAID
REMCHO, JOHANSEN, & PURCELL, LLP OAKLAND, CA 94612	PRO	\$15,456.63
JOHN SCHWADA LOS ANGELES, CA 90049	CNS	\$8,250.00
JOHN SCHWADA LOS ANGELES, CA 90049	CNS	\$8,250.00
ACTBLUE SOMERVILLE, MA 02144	OFC	\$9.13
ACTBLUE SOMERVILLE, MA 02144	OFC	\$5.68

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from07/01/2016	FORM 400
through <u>09/24/2016</u>	Page 101 of 245
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION 1376791

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	DESCRIPTION OF PAYMENT	AMOUNT PAID
TULCHIN RESEARCH SAN FRANCISCO, CA 94104	POL		\$40,000.00
ACTBLUE SOMERVILLE, MA 02144	OFC		\$14.07
AKPD MESSAGE & MEDIA LLC CHICAGO, IL 60654	TEL		\$1,350.00
AKPD MESSAGE & MEDIA LLC CHICAGO, IL 60654	WEB	SEE SCHEDULE G	\$1,844.43
BLUE STATE DIGITAL NEW YORK, NY 10013	WEB		\$950.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from07/01/2016	FORM 400
through <u>09/24/2016</u>	Page 102 of 245
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION 1376791

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
AREF AZIZ SACRAMENTO, CA 95814	CNS		\$4,000.00
AREF AZIZ SACRAMENTO, CA 95814		REIMBURSED EXPENSES; SEE SCHEDULE G	\$949.83
AREF AZIZ SACRAMENTO, CA 95814	CNS		\$1,000.00
VOTEVETS ACTION FUND, INC WASHINGTON, DC 20007	CNS		\$50,000.00
REVOLUTION MESSAGING, LLC WASHINGTON, DC 20036	CNS		\$8,000.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from07/01/2016	FORM 400
through <u>09/24/2016</u>	Page $103$ of $245$
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION 1376791

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign p	araphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS campaign c	onsultants	MTG	meetings and appearances	RFD	returned contributions
CTB contribution	(explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC civic donation	ns	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL candidate fi	ng/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND fundraising	events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND independen	expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG legal defens	е	PRO	professional services (legal, accounting)	VOT	voter registration
LIT campaign lit	erature and mailings	PRT	print ads	WEB	information technology costs (internet, email)
	NAME AND ADDRESS OF DAVEE OR CREDITOR				

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
REVOLUTION MESSAGING, LLC WASHINGTON, DC 20036	CNS	\$8,000.00
REVOLUTION MESSAGING, LLC WASHINGTON, DC 20036	CNS	\$8,000.00
CONSUMER WATCHDOG CAMPAIGN - YES ON 61 SACRAMENTO, CA 95841	СТВ	\$75,000.00
Committee ID: 1387641		
ANDREW NAYLOR MENLO PARK, CA 94025	WEB	\$2,600.00
ALZA STRATEGIES SACRAMENTO, CA 95829	CNS	\$10,000.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from07/01/2016	FORM 400
through <u>09/24/2016</u>	Page <u>104</u> of <u>245</u>
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION

1376791

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
IMPRENTA COMMUNICATIONS GROUP, INC SAN MARINO, CA 91108	CNS		\$8,500.00
JOHN SCHWADA LOS ANGELES, CA 90049	CNS		\$5,500.00
DUFFY & CAPITOLO SACRAMENTO, CA 95814	CNS		\$15,000.00
TULCHIN RESEARCH SAN FRANCISCO, CA 94104	POL		\$6,000.00
GARRY SOUTH MARINA DEL REY, CA 90292		REIMBURSED EXPENSES	\$1,133.32

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from07/01/2016	FORM 400
through <u>09/24/2016</u>	Page 105 of 245
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION 1376791

i.d. numbi 1376791

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
GARRY SOUTH MARINA DEL REY, CA 90292	CNS		\$25,000.00
ACTBLUE SOMERVILLE, MA 02144	OFC		\$26.36
ACTBLUE SOMERVILLE, MA 02144	OFC		\$40.29
REMCHO, JOHANSEN, & PURCELL, LLP OAKLAND, CA 94612	PRO		\$18,092.59
ALZA STRATEGIES SACRAMENTO, CA 95829		REIMBURSED EXPENSES; SEE SCHEDULE G	\$931.26

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
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NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION PAC

1.D. NUMBI 1376791

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
ALZA STRATEGIES SACRAMENTO, CA 95829	CNS		\$10,000.00
AMANDA COTYLO SOUTH PASADENA, CA 91030	CNS		\$2,100.00
BLUE STATE DIGITAL NEW YORK, NY 10013	WEB		\$950.00
IMPRENTA COMMUNICATIONS GROUP, INC SAN MARINO, CA 91108	CNS		\$8,500.00
GUARDIAN NEWS ANDM EDIA LLC NEW YORK, NY 10038	WEB		\$10,000.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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	SCHEDULE E (CONT.)
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION 1376791

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*		office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
TULCHIN RESEARCH SAN FRANCISCO, CA 94104	POL		\$6,000.00
AKPD MESSAGE & MEDIA LLC CHICAGO, IL 60654	TEL	SEE SCHEDULE G	\$23,012.88
AKPD MESSAGE & MEDIA LLC CHICAGO, IL 60654	TEL	SEE SCHEDULE G	\$7,875.00
BLUE STATE DIGITAL NEW YORK, NY 10013	WEB		\$550.00
TULCHIN RESEARCH SAN FRANCISCO, CA 94104		REIMBURSED EXPENSES; SEE SCHEDULE G	\$2,126.28

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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	SCHEDULE E (CONT.)
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YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION PAC

1376791

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events		polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
WELLS FARGO BANK SAN FRANCISCO, CA 94104	OFC		\$31.00
AREF AZIZ SACRAMENTO, CA 95814	CNS		\$4,000.00
AREF AZIZ SACRAMENTO, CA 95814		REIMBURSED EXPENSES; SEE SCHEDULE G	\$2,180.38
PUBLIC POLICY SOLUTIONS TEMPLETON, CA 93465		REIMBURSED EXPENSES	\$67.39
PUBLIC POLICY SOLUTIONS TEMPLETON, CA 93465	CNS		\$4,000.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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1376791

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
IMPRENTA COMMUNICATIONS GROUP, INC SAN MARINO, CA 91108	CNS		\$8,500.00
DUFFY & CAPITOLO SACRAMENTO, CA 95814		REIMBURSED EXPENSES; SEE SCHEDULE G	\$7,990.38
DUFFY & CAPITOLO SACRAMENTO, CA 95814	CNS		\$15,000.00
AMANDA COTYLO SOUTH PASADENA, CA 91030	CNS		\$2,100.00
AMANDA COTYLO SOUTH PASADENA, CA 91030		REIMBURSED EXPENSES	\$276.70

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NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION 1376791

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
AKPD MESSAGE & MEDIA LLC CHICAGO, IL 60654	TEL		\$2,000,000.00
AKPD MESSAGE & MEDIA LLC CHICAGO, IL 60654	TEL	SEE SCHEDULE G	\$149,960.00
GARRY SOUTH MARINA DEL REY, CA 90292		REIMBURSED EXPENSES	\$1,040.59
GARRY SOUTH MARINA DEL REY, CA 90292	CNS		\$25,000.00
PUBLIC POLICY SOLUTIONS TEMPLETON, CA 93465	CNS		\$4,000.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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	SCHEDULE E (CONT.)
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YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION 1376791

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CMP	campaign paraphernalia/misc.	MRR	member communications	RAD	radio airtime and production costs
	campaign consultants		meetings and appearances		returned contributions
СТВ	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
ACTBLUE SOMERVILLE, MA 02144	OFC		\$23.59
ACTBLUE SOMERVILLE, MA 02144	OFC		\$3.16
ACTBLUE SOMERVILLE, MA 02144	OFC		\$18.36
ACTBLUE SOMERVILLE, MA 02144	OFC		\$31.11
AKPD MESSAGE & MEDIA LLC CHICAGO, IL 60654		REIMBURSED EXPENSES	\$135.13

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	SCHEDULE E (CONT.)
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NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION PAC

1.D. NUMB 1376791

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
AKPD MESSAGE & MEDIA LLC CHICAGO, IL 60654	TEL		\$1,000,000.00
AKPD MESSAGE & MEDIA LLC CHICAGO, IL 60654	TEL	SEE SCHEDULE G	\$149,960.00
ACTBLUE SOMERVILLE, MA 02144	OFC		\$29.67
AKPD MESSAGE & MEDIA LLC CHICAGO, IL 60654	TEL		\$1,208.00
AKPD MESSAGE & MEDIA LLC CHICAGO, IL 60654	TEL		\$1,100.00

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	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
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YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION PAC

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
AKPD MESSAGE & MEDIA LLC CHICAGO, IL 60654	TEL	SEE SCHEDULE G	\$3,436.58
CNPA SERVICES, INC. SACRAMENTO, CA 95816	PRT		\$267,068.00
RTB IQ SAN FRANCISCO, CA 94121	WEB	SEE SCHEDULE G	\$60,000.00
ACTBLUE SOMERVILLE, MA 02144	OFC		\$20.35
ALZA STRATEGIES SACRAMENTO, CA 95829		REIMBURSED EXPENSES; SEE SCHEDULE G	\$2,877.40

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	SCHEDULE E (CONT.)		
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YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION 1376791

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

MENT AMOUNT P	OR DESCRIPTION OF PA	CODE	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
\$10,000.00		CNS	ALZA STRATEGIES SACRAMENTO, CA 95829
ΓANT TREASURER, IS \$6,814.52	BRADLEY HERTZ, COMMITTEE ASSI PARTNER OF PAYEE	PRO	THE SUTTON LAW FIRM SAN FRANCISCO, CA 94108
TANT TREASURER, IS \$12,923.84	BRADLEY HERTZ, COMMITTEE ASSI PARTNER OF PAYEE	PRO	THE SUTTON LAW FIRM SAN FRANCISCO, CA 94108
ΓANT TREASURER, IS \$13,256.57	BRADLEY HERTZ, COMMITTEE ASSI PARTNER OF PAYEE	PRO	THE SUTTON LAW FIRM SAN FRANCISCO, CA 94108
JLE G \$13,982.47	REIMBURSED EXPENSES; SEE SCHEI		DUFFY & CAPITOLO SACRAMENTO, CA 95814
			SACRAMENTO, CA 95814

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION PAC

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AKPD MESSAGE & MEDIA LLC CHICAGO, IL 60654	TEL			\$2,000,000.00
AREF AZIZ SACRAMENTO, CA 95814	CNS			\$4,000.00
BLUE STATE DIGITAL NEW YORK, NY 10013	WEB			\$950.00
WELLS FARGO BANK SAN FRANCISCO, CA 94104	OFC			\$30.00
WELLS FARGO BANK SAN FRANCISCO, CA 94104	OFC			\$30.00

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CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
WELLS FARGO BANK SAN FRANCISCO, CA 94104	OFC		\$30.00
WELLS FARGO BANK SAN FRANCISCO, CA 94104	OFC		\$60.00
WELLS FARGO BANK SAN FRANCISCO, CA 94104	OFC		\$30.00
WELLS FARGO BANK SAN FRANCISCO, CA 94104	OFC		\$30.00
POLITICO ARLINGTON, VA 22209	WEB		\$2,500.00

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YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION PAC

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
WELLS FARGO BANK SAN FRANCISCO, CA 94104	OFC		\$15.00
BASIL KIMBREW MORENO VALLEY, CA 92551	LIT	SEE SCHEDULE G	\$8,500.00
LATINO FAMILY VOTER GUIDE LONG BEACH, CA 90802	LIT		\$39,000.00
CONTINUING THE REPUBLICAN REVOLUTION NEWPORT BEACH, CA 92660	LIT		\$6,500.00
CALIFORNIA EARLY VOTER GUIDE LONG BEACH, CA 90802	LIT		\$26,520.00
Committee ID: 1387464			

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from07/01/2016	FORM 400
through <u>09/24/2016</u>	Page <u>118</u> of <u>245</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION PAC

1376791

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CALIFORNIAN'S VOTE GREEN LONG BEACH, CA 90802	LIT		\$40,257.00
Committee ID: 1323171			
COALITION FOR SENIOR CITIZEN SECURITY LOS ANGELES, CA 90802	LIT		\$27,906.00
Committee ID: 592015			
OUR CALIFORNIA LATINO VOTER GUIDE LOS ANGELES, CA 90041	LIT		\$60,000.00
Committee ID: 596004			
THE COUNCIL FOR CONCERNED WOMEN VOTERS LEGISLATIVE GUIDE LONG BEACH, CA 90802	LIT		\$26,064.00
Committee ID: 1226327			
REMCHO, JOHANSEN, & PURCELL, LLP OAKLAND, CA 94612	PRO		\$12,442.60

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

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	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from <u>07/01/2016</u>	FORM TOO
through <u>09/24/2016</u>	Page 119 of 245
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION PAC

1.D. NUMB 1376791

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
AKPD MESSAGE & MEDIA LLC CHICAGO, IL 60654	TEL		\$173,197.36
DUFFY & CAPITOLO SACRAMENTO, CA 95814	RAD	SEE SCHEDULE G	\$88,235.29
WELLS FARGO BANK SAN FRANCISCO, CA 94104	OFC		\$30.00
WELLS FARGO BANK SAN FRANCISCO, CA 94104	OFC		\$60.00
ACTBLUE SOMERVILLE, MA 02144	OFC		\$9.32

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from07/01/2016	FORM 400
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	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION PAC

1376791

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AREF AZIZ SACRAMENTO, CA 95814	CNS		\$3,000.00
REVOLUTION MESSAGING, LLC WASHINGTON, DC 20036	WEB		\$10,000.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$6,829,807.44

### Schedule F **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded to whole dollars.

			OOLIEDOLE I
State	ement covers period	CALIFORNI	A 160
from _	07/01/2016	FORM	400
throug	h 09/24/2016	Page <u>121</u>	of 245
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION

1376791

COL	<b>DES:</b> If one of the following codes accurately describes	the pay	yment, you may ent	er the code. Otherw	ise, describ	e the pa	yment.	
CMP	campaign paraphernalia/misc.	MBR	member communication	ns	RAD	radio airtii	me and production costs	
CNS	campaign consultants	MTG	meetings and appeara	nces	RFD	returned of	contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expenses		SAL	campaign	workers' salaries	
CVC	civic donations	PET	petition circulating		TEL	t.v. or cab	le airtime and production	costs
FIL	candidate filing/ballot fees	PHO	phone banks		TRC	candidate	travel, lodging, and meal	S
FND	fundraising events	POL	polling and survey rese	earch	TRS	staff/spou	se travel, lodging, and me	eals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and r	nessenger services	TSF	transfer b	etween committees of the	same candidate/sponsor
LEG	legal defense	PRO	professional services (	egal, accounting)	VOT	voter regis	stration	
LIT	campaign literature and mailings	PRT	print ads		WEB	informatio	n technology costs (interr	net, email)
	NAME AND ADDRESS OF CREDITOR		CODE OD	(a)	(b)	NIDDED.	(c)	(d)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
REMCHO, JOHANSEN, & PURCELL, LLP OAKLAND, CA 94612	PRO	\$15,456.63	\$0.00	\$15,456.63	\$0.00
THE SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO BRADLEY HERTZ, COMMITTEE ASSISTANT TREASURER, IS PARTNER OF PAYEE	\$13,256.57	\$0.00	\$13,256.57	\$0.00
JOHN SCHWADA LOS ANGELES, CA 90049	CNS	\$8,250.00	\$0.00	\$8,250.00	\$0.00

 $<sup>^{\</sup>star}$  Payments that are contributions or independent expenditures must also be summarized on Schedule D.

#### **SUBTOTALS**

### **Schedule F Summary**

1.	. Total accrued expenses incurred this period.	(Include all Schedule F, Column (b) subtotals for
	accrued expenses of \$100 or more, plus total	unitemized accrued expenses under \$100.)

.....INCURRED TOTALS \$81,235.49

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).....

May be a negative number.

Type or print in ink.
Amounts may be rounded to whole dollars.

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NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION

I.D. NUMBER 1376791

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.								
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs						
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions						
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries						
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs						
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals						
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals						
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor						
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration						
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)						
*Payments that are contributions or independent expenditures must also be sur	nmarized on Schedule D.							

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
JOHN SCHWADA LOS ANGELES, CA 90049	CNS	\$8,250.00	\$0.00	\$8,250.00	\$0.00
IMPRENTA COMMUNICATIONS GROUP, INC SAN MARINO, CA 91108	CNS	\$8,500.00	\$0.00	\$8,500.00	\$0.00
THE DAILY BEAST NEW YORK, NY 10011	WEB	\$7,000.00	\$0.00	\$7,000.00	\$0.00
REVOLUTION MESSAGING, LLC WASHINGTON, DC 20036	CNS	\$8,000.00	\$0.00	\$8,000.00	\$0.00

Type or print in ink.
Amounts may be rounded to whole dollars.

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NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION

1376791

CODES: If one of the following codes accurately describes	the payment, you may enter the code. Otherwise	e, describe the payment.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)
*Payments that are contributions or independent expenditures must also be sur	mmarized on Schedule D	

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
REVOLUTION MESSAGING, LLC WASHINGTON, DC 20036	CNS	\$8,000.00	\$0.00	\$8,000.00	\$0.00
DUFFY & CAPITOLO SACRAMENTO, CA 95814	REIMBURSED EXPENSES; SEE SCHEDULE G	\$0.00	\$23,931.29	\$0.00	\$23,931.29
REMCHO, JOHANSEN, & PURCELL, LLP OAKLAND, CA 94612	PRO	\$0.00	\$28,121.13	\$0.00	\$28,121.13
AMANDA COTYLO SOUTH PASADENA, CA 91030	CNS	\$0.00	\$2,100.00	\$0.00	\$2,100.00

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION PAC

1.D. NUMBI 1376791

CODES: If one of the following codes accurately describe	s the payment, you may enter the code. Otherwise	e, describe the payment.
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
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IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)
*Payments that are contributions or independent expenditures must also be su	immarized on Schedule D	

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AMANDA COTYLO SOUTH PASADENA, CA 91030	REIMBURSED EXPENSES	\$0.00	\$172.54	\$0.00	\$172.54
JOHN SCHWADA LOS ANGELES, CA 90049	CNS	\$0.00	\$5,500.00	\$0.00	\$5,500.00
THE SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO BRADLEY HERTZ, COMMITTEE ASSISTANT TREASURER, IS PARTNER OF PAYEE	\$0.00	\$7,502.47	\$0.00	\$7,502.47
THE SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO BRADLEY HERTZ, COMMITTEE ASSISTANT TREASURER, IS PARTNER OF PAYEE	\$0.00	\$7,908.06	\$0.00	\$7,908.06

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NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION PAC

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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TULCHIN RESEARCH SAN FRANCISCO, CA 94104	POL	\$0.00	\$6,000.00	\$0.00	\$6,000.00
THE SUTTON LAW FIRM SAN FRANCISCO, CA 94108	PRO BRADLEY HERTZ, COMMITTEE ASSISTANT TREASURER, IS PARTNER OF PAYEE	\$6,814.52	\$0.00	\$6,814.52	\$0.00
AKPD MESSAGE & MEDIA LLC CHICAGO, IL 60654	TEL SEE SCHEDULE G	\$22,796.68	\$0.00	\$22,796.68	\$0.00
AREF AZIZ SACRAMENTO, CA 95814	CNS	\$3,000.00	\$0.00	\$3,000.00	\$0.00

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2016 CALIFORNIA 460 through 09/24/2016 Page 126 of 245

NAME OF FILER
YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION PAC

1.D. NUMBER
1376791

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.					
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs			
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries			
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals			
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor			
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration			
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)			
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.					

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
REVOLUTION MESSAGING, LLC WASHINGTON, DC 20036	WEB	\$10,000.00	\$0.00	\$10,000.00	\$0.00
	SUBTOTALS	\$119,324.40	\$81,235.49	\$119,324.40	\$81,235.49

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA ACO
from07/01/2016	FORM 46U
through _09/24/2016	Page 127 of 245
<u> </u>	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION

1376791

NAME OF AGENT OR INDEPENDENT CONTRACTOR

AKPD MESSAGE & MEDIA LLC

CODES: If one of the following codes accurately describes	s the payment, you may enter the code. Otherwise	, describe the payment.			
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs			
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries			
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals			
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor			
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration			
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)			
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.					

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NATIONAL CABLE COMMUNICATIONS (NCC) CHICAGO, IL 60611	TEL			\$21,062.15
EXTREME REACH CHICAGO, IL 60604	WEB			\$1,394.43
EXTREME REACH CHICAGO, IL 60604	TEL			\$1,394.42
NATIONAL CABLE COMMUNICATIONS (NCC) CHICAGO, IL 60611	TEL			\$21,261.90

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$45112.90

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
from07/01/2016	FORM 46U
through _09/24/2016	Page 128 of 245
	LD NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION

I.D. NUMBER 1376791

NAME OF AGENT OR INDEPENDENT CONTRACTOR

AKPD MESSAGE & MEDIA LLC

COD	DES: If one of the following codes accurately describes the	he pa	yment, you may enter the code. Otherwise,	describ	be the payment.	
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries	
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs	
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals	
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals	
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor	
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration	
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)	
* Payn	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.					

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EXTREME REACH CHICAGO, IL 60604	TEL			\$775.01
NATIONAL CABLE COMMUNICATIONS (NCC) CHICAGO, IL 60611	TEL			\$138,550.00
NATIONAL CABLE COMMUNICATIONS (NCC) CHICAGO, IL 60611	TEL			\$138,550.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$277875.01

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
from07/01/2016	FORM 46U
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION

1376791

NAME OF AGENT OR INDEPENDENT CONTRACTOR

ALZA STRATEGIES

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications CMP campaign paraphernalia/misc. RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) LEG legal defense VOT voter registration campaign literature and mailings WEB information technology costs (internet, email) PRT print ads

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DOUBLETREET BY HILTON HOTELS LONG BEACH, CA 90802	TSF			\$511.30
SOUTHWEST AIRLINES DALLAS, TX 75235	TRS			\$1,494.88

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2006.18

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
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NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION

1376791

NAME OF AGENT OR INDEPENDENT CONTRACTOR

AREF AZIZ

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs				
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries				
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs				
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals				
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals				
IND independent expenditure supporting/opposing others (explain	, , , , ,	TSF transfer between committees of the same candidate/sponsor				
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration				
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.						

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SOUTHWEST AIRLINES DALLAS, TX 75235	TRS			\$524.36
SOUTHWEST AIRLINES DALLAS, TX 75235	TRS			\$1,062.33

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1586.69

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
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AL IFORNIA NUDGEG AGGOCIATION	I.D. NUMBER

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NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION

376791

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**DUFFY & CAPITOLO** 

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs				
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries				
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs				
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals				
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals				
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor				
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration				
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.						

CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
WEB		\$7,865.54
CMP		\$1,246.00
TRS		\$1,505.99
OFC		\$604.71
	CODE OR WEB  CMP  TRS  OFC	WEB  CMP  TRS

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$11222.24

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA ACO
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION

1376791

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**DUFFY & CAPITOLO** 

COD	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.					
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries	
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs	
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals	
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals	
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor	
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration	
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)	
* Payn	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.					

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SOUTHWEST AIRLINES DALLAS, TX 75235	TRS			\$709.94
THE HERTZ CORPORATION OKLAHOMA CITY, OK 73120	TRS			\$714.64
FACEBOOK INC. MENLO PARK, CA 94025	WEB			\$4,796.48
POLITICAL DATA INC. NORWALK, CA 90650	OFC			\$1,500.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$7721.06

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
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AL IEODNIA NUDCEC ACCOCIATION	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION

PAC

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**DUFFY & CAPITOLO** 

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries	
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs	
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals	
	fundraising events		polling and survey research		staff/spouse travel, lodging, and meals	
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor	
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration	
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)	
* Payn	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.					

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PANDORA MEDIA, INC. OAKLAND, CA 64612	RAD		\$88,235.29
FACEBOOK INC. MENLO PARK, CA 94025	WEB		\$16,596.57
HOUSE OF PRINTING PASADENA, CA 91107	СМР		\$3,161.00
LEXIS NEXIS RESEARCH SAN FRANCISCO, CA 94105	LIT		\$622.85

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$108615.71

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink.

Amounts may be rounded to whole dollars.

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Statement covers period	CALIFORNIA ACO
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NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION

I.D. NUMBER 1376791

NAME OF AGENT OR INDEPENDENT CONTRACTOR

RTB IQ

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.					
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs			
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries			
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals			
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor			
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration			
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)			
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\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ADSWIZZ SAN MATEO, CA 94402	WEB			\$7,740.00
AOL NEW YORK, NY 10003	WEB			\$10,320.00
BIDSWITCH SWITZERLAND, 6304	WEB			\$12,900.00
POLITICAL DATA INC. NORWALK, CA 90650	OFC			\$4,800.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$35760.00

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink.

Amounts may be rounded to whole dollars.

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Statement covers period	CALIFORNIA A CO
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NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION

1376791

NAME OF AGENT OR INDEPENDENT CONTRACTOR

RTB IQ

COL	<b>DES:</b> If one of the following codes accurately describes	he pa	ment, you may enter the code. Otherwis	se, describ	e the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)
* Payr	nents that are contributions or independent expenditures must also be sun	marized	on Schedule D.		

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SEMCATING INC. NORTH ANDOVER, MA 01845	OFC			\$3,600.00
TWITTER INC SAN FRANCISCO, CA 94013	WEB			\$20,640.00
ADSWIZZ SAN MATEO, CA 94402	WEB			\$7,740.00
AOL NEW YORK, NY 10003	WEB			\$10,320.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$42300.00

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink. Amounts may be rounded to whole dollars.

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Statement covers period	CALIFORNIA A CO
from07/01/2016	FORM 40U
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NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION

1376791

NAME OF AGENT OR INDEPENDENT CONTRACTOR

RTB IQ

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.								
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs						
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions						
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries						
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs						
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals						
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals						
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor						
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration						
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)						
* Power and a third are a set with a state of a set and a set a se								

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BIDSWITCH SWITZERLAND, 6304	WEB			\$12,900.00
POLITICAL DATA INC. NORWALK, CA 90650	OFC			\$4,800.00
SEMCATING INC. NORTH ANDOVER, MA 01845	OFC			\$3,600.00
TWITTER INC SAN FRANCISCO, CA 94013	WEB			\$20,640.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$41940.00

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
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AL IFORNIA NUDGEG AGGOCIATION	I.D. NUMBER

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NAME OF FILER

YES ON PROP 61, CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCARE FOUNDATION AND CALIFORNIA NURSES ASSOCIATION

NAME OF AGENT OR INDEPENDENT CONTRACTOR

TULCHIN RESEARCH

COL	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.								
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs				
	campaign consultants	MTG	meetings and appearances	RFD	returned contributions				
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries				
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs				
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals				
FND	fundraising events		polling and survey research		staff/spouse travel, lodging, and meals				
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor				
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration				
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)				
* Payn	nents that are contributions or independent expenditures must also be sum	marized	on Schedule D.						

NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR **AMOUNT PAID DESCRIPTION OF PAYMENT** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) SHERATON HOTEL TRS \$905.44 ONTARIO, CA 91764

SOUTHWEST AIRLINES DALLAS, TX 75235	TRS	\$817.92

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1723.36

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

## Schedule H – Loans Made to Others\*

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE H
Statement covers period	CALIFORNIA 460
from <u>07/01/2016</u>	FORM 400

					from07/01/2	016	FORM	100
SEE INSTRUCTIONS ON REVERSE					through <u>09/24/2</u>	016	Page <u>138</u>	of <u>245</u>
NAME OF FILER YES ON PROP 61, CALIFORNIANS FOR LOWER PAC	DRUG PRICES, WITH MAJOR FU	NDING BY AIDS I	HEALTHCARE FO	DUNDATION AND	CALIFORNIA NUR	SES ASSOCIATIO	I.D. NUMBER N 1376791	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID				CALENDAR YEAR
				FORGIVEN		RATE %		PER ELECTION**
					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate must also be summarized on Schedule D. Loans also be reported on Schedule E.		SUBTOTALS						
			I		1	(Enter (e) on Schedule I, Line 3	)	
Schedule H Summary								
Loans made this period  (Total Column (b) plus unitemized loans	s less than \$100.)						+	** If Required
Payments received on loans  (Total Column (c) plus unitemized paym	nents less than \$100.)							
3. Net change this period. (Subtract Lin (Enter the net here and on the Summar					NET(May be a ne	gative number)		

### Schedule I **Miscellaneous Increases to Cash**

Type or print in ink. Amounts may be rounded

		SCHEDULE I
Sta	atement covers period	CALIFORNIA / CO
from _	07/01/2016	FORM 46U

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EE INSTRUCTIONS	S ON REVERSE		through	09/24/2016	Page 139	_ of 245	
IAME OF FILER	CALIFORNIANS FOR LOWER DRUG PRICES, WITH MAJOR FUNDING BY AIDS HEALTHCA	ARE FOUNDATION A	ND CALIFORN	NIA NURSES ASSOCIATION	I.D. NUMBER I 1376791		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH	
Attach additional information on appropriately labeled continuation sheets.				SUBTOTAL \$.00			
Schedule I S	Summary						
. Increases to cash of \$100 or more this period				\$.00	_		
2. Unitemized increases to cash under \$100 this period.				\$.00	_		
3. Total of all in	nterest received this period on loans made to others. (Schedule H, Column	(e))		\$.00	_		
	laneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here ar age, Line 14.)		TO	TAL \$.00	- EDDC Form	o 460 ( lune/01	

Mama Pafaranga INC1000
Memo Reference: INC1090 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1091 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECLIVED TIMOCOTI INTERNIDEDINAT. ACTIBLOE, 500 SOMINER STREET, SOMERVIELE, NA 92144
Memo Reference: INC1092
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1093
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M. D.C. PYCHOL
Memo Reference: INC1094 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1095
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Memo Reference: INC1096
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Memo Reference: INC1100
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Memo Reference: INC1102
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

N. D.C. PYCHOL
Memo Reference: INC1103 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1104
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1105
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Mana Bafarrana INC1106
Memo Reference: INC1106 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

N. D.C. WOLLD
Memo Reference: INC1107 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1108
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1109
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1110
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Mana Dafannan INC1111
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Memo Reference: INC1114
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M D. f
Memo Reference: INC1115 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Maria Dafarra an INC1116
Memo Reference: INC1116 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1117
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Memo Reference: INC1128
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Maria Pafarra an INC1120
Memo Reference: INC1129 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1130
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Memo Reference: INC1131 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1132
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N. D.C. PYCHOL
Memo Reference: INC1133 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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Mama Defenence INC1126
Memo Reference: INC1136 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

Mama Pafaranaa INC1127
Memo Reference: INC1137 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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RECEIVED THROUGH HATERWEDITANT. THE IDEAL, 300 GOMINER GIRELIT, SOMERAVILLES, WAY 021-4-
Memo Reference: INC1139
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Memo Reference: INC1140
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Maria Dafarra NICI141
Memo Reference: INC1141 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
M. D.C. DVCI140
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N. D.C. PYCHA
Memo Reference: INC1143 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
M. D.C. DYCHAA
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Mama Pafaranaa INC1140
Memo Reference: INC1149 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1150 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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N. D.C. PYCHE
Memo Reference: INC1153 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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Mama Pafaranaa INC1156
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M. D.C. PYCHAL
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M. D.C. PYCHAE
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M. D.C. WOLDO
Memo Reference: INC1228 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

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M. D.C. Propaga
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M. D.C. PYCHOT
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Mama Pafaranaa INC1240
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M. D.C. Proper
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Mama Pafaranaa INC1250
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M. D.C. INCHES
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M. D.C. INCOME
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M. D.C. DVC1075
Memo Reference: INC1257 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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Mama Pafaranaa INC1260
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M. D.C. PYCOCK
Memo Reference: INC1261 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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M. D.C. BIGGGG
Memo Reference: INC1265 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M D. f INC1267
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M. D.C. DYGIGT
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Mama Pafaranaa INC1274
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M. D.C. DVC1074
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M. D.C. PYCHOTO
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M. D.C. INC1202
Memo Reference: INC1282 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

N. D.C. PYCHOO
Memo Reference: INC1283 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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Mana Bafanana INC1206
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M. D.C. PYCHOT
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Mama Pafaranaa INC1200
Memo Reference: INC1290 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

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M D. f IVC1202
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M. D.C. PYCHOL
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M D.f INC1200
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M. D.A. WOLGO
Memo Reference: INC1299 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
M. D.C. PYC1000
Memo Reference: INC1300 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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M P. f INC1201
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Memo Reference: INC1302
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N. D.C. PYGLOO
Memo Reference: INC1303 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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M D.f INC1206
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M. D.C. PYCHOO
Memo Reference: INC1308 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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M D.f INC1211
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M. D.C. PYCHAC
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M D.f INC1210
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M. D.C. DIGIGO
Memo Reference: INC1322 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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M. D.C. DIGIGO
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M D. f D.C. 1221
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M. D.C. PYCHOL
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M D.f INC1220
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Mama Pafaranaa INC1242
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M. D.C. PYCOM
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Mama Defenence INC1250
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M D ( D)C1270
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Memo Reference: INC1371
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N. D.C. WG1979
Memo Reference: INC1372 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH INVERNIED INVENTED ED., 500 GOINNER GIREDI, SOMER VEDEL, WIL GET V
Memo Reference: INC1373
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M. D.C. DVOIDE
Memo Reference: INC1376 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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Mama Pafaranau INC1270
Memo Reference: INC1379 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M D. f INC1200
Memo Reference: INC1380 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1381
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1382 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1383
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M D.f INC1204
Memo Reference: INC1384 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1385
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Memo Reference: INC1386 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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M D. f INC1200
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emo Reference: INC1395
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M. D. C. Wallack
Memo Reference: INC1396 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
M. D.C. INCOME
Memo Reference: INC1397 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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M D.f
Memo Reference: INC1398 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1399
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M. D.C. PYCHOL
Memo Reference: INC1400 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1401
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1402
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Mama Pafaranau INC1402
Memo Reference: INC1403 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

Memo Reference: INC1404 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1405
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Maria Bafarrara INC1407
Memo Reference: INC1407 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. PYCHOO
Memo Reference: INC1408 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1409
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Memo Reference: INC1410
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Maria Dafarrara INC1411
Memo Reference: INC1411 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. DYGUTO
Memo Reference: INC1479 REFUNDED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
REFORMED THROUGH INTERMINENT THE INDICES, 500 DOMINER OTHERS, MILTORIAN OTHERS, MILT
Memo Reference: INC1480
REFUNDED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1484 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 300 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1486
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M. D.C. PYCHOT
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Maria Bafarrara INC1400
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Maria Pafarra an INC1401
Memo Reference: INC1491 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. PYCHOO
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Memo Reference: INC1500
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Memo Reference: INC1501
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1502 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. PYCHOO
Memo Reference: INC1503 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1505
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Mana Bafanana ING1506
Memo Reference: INC1506 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

N. D. C. WOLFOE
Memo Reference: INC1507 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1508
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M D. f
Memo Reference: INC1510 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

Mana Dafanana INC1511
Memo Reference: INC1511 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1512 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH INTERNIEDIANT. ACTBEOL, 300 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1513 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH INTERMEDIART: ACTIBLUE, 300 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1514
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Mana Dafannan INC1515
Memo Reference: INC1515 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Maria Dafarra MC1516
Memo Reference: INC1516 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1517
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Memo Reference: INC1518
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Maria Dafarrara INC1510
Memo Reference: INC1519 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1520
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Memo Reference: INC1522
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Memo Reference: INC1523 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH INTERWIEDIANT. ACTIBLUE, 300 SUMINIER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1525
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1526
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Memo Reference: INC1527 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH HVIERWIEDITH T. THE IDECE, 500 GOMBIER GIRELIT, SOMERVIEDE, WIT 021

M. D.C. BYGGA
Memo Reference: INC1528 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1529 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH EVIEWHEDE IN T. THE TELECE, 500 SCHMERK STREET, SOMERK VIEWE, WIN 02144
Memo Reference: INC1530 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH EVIEWHEDE IN T. THE TELECE, 500 SCHMERK STREET, SOMERK VEELE, WIN V2144
Memo Reference: INC1531 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

Memo Reference: INC1532 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1533
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
M D. G INC1524
Memo Reference: INC1534 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1535
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. PYCHOL
Memo Reference: INC1536 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1537
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Memo Reference: INC1538
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
M. D.C. INCLESCO
Memo Reference: INC1539 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

Memo Reference: INC1540
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Memo Reference: INC1542
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Memo Reference: INC1543 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH INTERMEDIAR 1: ACTIBLUE, 500 SUMMER STREET, SOMERVILLE, MA 02144

Memo Reference: INC1544
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Memo Reference: INC1545
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Memo Reference: INC1546
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Memo Reference: INC1547 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH INTERMEDIAR 1: ACTIBLUE, 500 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. PYCHAO
Memo Reference: INC1548 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1549  PECETALED THEOLOGY DIFFERMENT ACTION ACTION AS A CONTROLLED AND CONTROL
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1550
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Memo Reference: INC1551
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N. D.C. WOLFF
Memo Reference: INC1552 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1553
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1554
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Mama Defauraca INC1555
Memo Reference: INC1555 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. DYGUTZ
Memo Reference: INC1556 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1557
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Memo Reference: INC1558
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Memo Reference: INC1559 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. PYCHECO
Memo Reference: INC1560 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1561
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Memo Reference: INC1562
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M D.f INC1562
Memo Reference: INC1563 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

Mama Pafaranga INC1564
Memo Reference: INC1564 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1565 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH EVILKUIDEEN VI. TRETBECE, 500 SCHMER STREET, SOMER VILLE, WAY 22144
Memo Reference: INC1586
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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M. D.C. PYCHOO
Memo Reference: INC1588  RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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M. D.C. PYCHOL
Memo Reference: INC1593 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1594
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Memo Reference: INC1595
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Mama Pafaranaa INC1506
Memo Reference: INC1596 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. DYGUTOT
Memo Reference: INC1597 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1598
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Memo Reference: INC1599
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Maria Bafarrara INC1600
Memo Reference: INC1600 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

Memo Reference: INC1601 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1602 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH INTERMEDIART: ACTIBLUE, 300 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1603
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Memo Reference: INC1604
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M. D.C. PYCLOT
Memo Reference: INC1605 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1606
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Memo Reference: INC1607
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Mana Bafanana INC1600
Memo Reference: INC1608 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. PMC1400
Memo Reference: INC1609 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1610
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M D. f INC1C12
Memo Reference: INC1612 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. PYCHAO
Memo Reference: INC1613 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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Mama Defenence INC1616
Memo Reference: INC1616 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. DYCHAR
Memo Reference: INC1617 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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Mama Pafaranau INC1620
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N. D.C. WOLGE
Memo Reference: INC1621 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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Maria Dafarra an INCLOM
Memo Reference: INC1624 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. INCLOS
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Memo Reference: INC1628
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M. D.C. BYGLGG
Memo Reference: INC1629 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1630
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Mama Pafaranaa INC1622
Memo Reference: INC1632 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

Memo Reference: INC1633 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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M D. f INC1650
Memo Reference: INC1650 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1651
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N. D.C. DVCLCCO
Memo Reference: INC1652 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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Mama Pafaranaa INC1655
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M. D.C. Protect
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Memo Reference: INC1657
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1658
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Mama Pafaranaa INC1650
Memo Reference: INC1659 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. Protect
Memo Reference: INC1660 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1661
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1662
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Mama Defenence INC1662
Memo Reference: INC1663 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. PYCLCC
Memo Reference: INC1664 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1665
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1666
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Mana Bafanana INC1667
Memo Reference: INC1667 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

N. D. C. WOLFRA
Memo Reference: INC1725 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1726
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1727
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
M D C INC1700
Memo Reference: INC1728 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. DYGUTAG
Memo Reference: INC1729 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1730
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1731
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
M D. f INC1722
Memo Reference: INC1732 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. DVGUTGO
Memo Reference: INC1733 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1734
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1735
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
M D. f INC1724
Memo Reference: INC1736 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

Memo Reference: INC1768 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1769
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
M D.f INC1770
Memo Reference: INC1770 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1772
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

Memo Reference: INC1773 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH HVIERINET. ACTOROR, 500 SUMMER STREET, SOMERVIEDE, WA 02144
Memo Reference: INC1774
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1775
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1776 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH IN THE TELECT, SOURCE TREET, SOMERN EELE, MIN SETT

Memo Reference: INC1777 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH HVIENHEITAKT. ACTOBOOL, 500 SUMMER STREET, SOMERVIEDE, WA 02144
Memo Reference: INC1778
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1779
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1780 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH IN THE TELECT, SOURCE TREET, SOMERN EELE, MIN SETT

M. D.C. BYGUTON
Memo Reference: INC1782 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1783
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1784
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
M D C INC1705
Memo Reference: INC1785 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. BYGUTOC
Memo Reference: INC1786 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1787
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1788
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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Memo Reference: INC1789 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. DYGUTOL
Memo Reference: INC1791 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1792
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1793
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Mama Pafaranaa INC1704
Memo Reference: INC1794 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. DVOITOR
Memo Reference: INC1795 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1796
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1797
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
M D.f INC1700
Memo Reference: INC1798 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M P. f INC1700
Memo Reference: INC1799 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
M D. f
Memo Reference: INC1800 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1802
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1803
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

M. D.C. PYCHOL
Memo Reference: INC1804 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1805
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1806
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Mama Pafaranaa INC1907
Memo Reference: INC1807 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

Memo Reference: INC1808
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144. CONTRIBUTION REFUNDED ON 9/29/16
Memo Reference: INC1809
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
M D. f
Memo Reference: INC1810 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1811
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

Memo Reference: INC1812 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1813
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Maria Deference INC1014
Memo Reference: INC1814 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
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Memo Reference: INC1815
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144

Memo Reference: INC1816 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH INTERMEDIART. ACTIBLUE, 500 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1817
RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
Memo Reference: INC1818 RECEIVED THROUGH INTERMEDIARY: ACTBLUE, 366 SUMMER STREET, SOMERVILLE, MA 02144
RECEIVED THROUGH INTERMEDIANT. ACTOLOC, 300 SUMMER STREET, SOMERVILLE, MA 02144